

SERFF Tracking Number:	PLIS-126148548	State:	Arkansas
Filing Company:	Starr Indemnity & Liability Company	State Tracking Number:	42377
Company Tracking Number:	AH-12001		
TOI:	H04 Health - Blanket Accident/Sickness	Sub-TOI:	H04.000 Health - Blanket Accident/Sickness
Product Name:	Blanket Business Travel		
Project Name/Number:	/		

Filing at a Glance

Company: Starr Indemnity & Liability Company

Product Name: Blanket Business Travel

TOI: H04 Health - Blanket Accident/Sickness

Sub-TOI: H04.000 Health - Blanket
Accident/Sickness

Filing Type: Form

SERFF Tr Num: PLIS-126148548

SERFF Status: Closed

Co Tr Num: AH-12001

Co Status:

Author: John Plisky

Date Submitted: 05/12/2009

State: ArkansasLH

State Tr Num: 42377

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 06/09/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/09/2009

Deemer Date:

Filing Description:

Please see attached cover letter.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Exempt in Texas.

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Blanket

Explanation for Other Group Market Type:

State Status Changed: 06/09/2009

Corresponding Filing Tracking Number:

Company and Contact

Filing Contact Information

(This filing was made by a third party - pliskypliskyandcollc)

SERFF Tracking Number: PLIS-126148548 State: Arkansas
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TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: Blanket Business Travel
Project Name/Number: /

John Plisky, Consultant j.plisky@verizon.net
Plisky Plisky & Co. LLC (732) 223-0770 [Phone]
Brielle, NJ 08730 (732) 223-1776[FAX]

Filing Company Information

Starr Indemnity & Liability Company CoCode: 38318 State of Domicile: Texas
Administrative Office: Group Code: Company Type:
90 Park Avenue, 7th Floor
New York, NY 10016 Group Name: State ID Number:
(646) 227-6342 ext. [Phone] FEIN Number: 75-1670124

SERFF Tracking Number: PLIS-126148548 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Policy form filing = \$50
Retaliatory for Texas = \$50
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Starr Indemnity & Liability Company	\$50.00	05/12/2009	27820477

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/09/2009	06/09/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	05/19/2009	05/19/2009	John Plisky	06/08/2009	06/08/2009

<i>SERFF Tracking Number:</i>	<i>PLIS-126148548</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 06/09/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PLIS-126148548 State: Arkansas

Filing Company: Starr Indemnity & Liability Company State Tracking Number: 42377

Company Tracking Number: AH-12001

TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness

Product Name: Blanket Business Travel

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	cover letter 5-11-09	Approved-Closed	Yes
Supporting Document	list of forms	Approved-Closed	Yes
Supporting Document	explanation of variables	Approved-Closed	Yes
Supporting Document	authorization	Approved-Closed	Yes
Form	Policy	Approved-Closed	Yes
Form	Certificate	Approved-Closed	Yes
Form	Master Application	Approved-Closed	Yes
Form	Policy Renewal Rider	Approved-Closed	Yes
Form	Foreign Nat'l F.O.P. Rider	Approved-Closed	Yes
Form	War Risk Coverage Rider	Approved-Closed	Yes
Form (revised)	Arkansas Endorsement	Approved-Closed	Yes
Form	Arkansas Endorsement	Replaced	Yes

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Product Name: Blanket Business Travel
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/19/2009
Submitted Date 05/19/2009

Respond By Date

Dear John Plisky,

This will acknowledge receipt of the captioned filing.

Objection 1

- Policy (Form)

Comment:

Under the Subrogation provision, it is stated...."Further, We have the right to offset future benefits payable to the covered person under the policy against such recovery....".

Our statutes allow carriers the right to subrogation under ACA 23-79-146. There is no mention of an offset.

Our Legal Department has reviewed case law on this topic. It appears that the subrogation rights of the insurer are limited to the funds recovered by the insured from the third party. In *Sereboff v. Mid-Atlantic Medical Services, Inc.*, the US Supreme Court in 2006 stated that the funds must be specifically identifiable and only considered the funds recovered in the settlement. This would exclude possible future claims.

Our Legal Department outlines a problem on how recovery from future covered charges will work. If the insurer is owed \$10,000 from a subrogation claim, how will this be identified on their EOB? How will they notify providers of this possible offset? When a provider calls in to verify benefits, they are informed of the basic benefits, deductible amounts and out of pocket amounts. They are also informed if the patient has met his deductible and if the out of pocket amounts have been met. In this case, the provider has been assigned the benefits and is expecting payment from the insurer only to find out later that the insured owed the insurer money and no payments on the claim will be paid.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

SERFF Tracking Number:	PLIS-126148548	State:	Arkansas
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Project Name/Number:	/		

Response Letter Status	Submitted to State
Response Letter Date	06/08/2009
Submitted Date	06/08/2009

Dear Rosalind Minor,

Comments:

Response 1

Comments: We have revised page 2 of the Arkansas Endorsement to include a statement at the end of Section 10 that deletes the objectionable sentence.

We have also corrected a typo in the form number (the hyphen after AH was missing.)

Related Objection 1

Applies To:

- Policy (Form)

Comment:

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<i>Product Name:</i>	<i>Blanket Business Travel</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Arkansas Endorsement	AH- 12010-AR		Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial			AH- 12010-AR Endorsement 6-8- 09.pdf

Previous Version

Arkansas Endorsement	AH- 12010-AR		Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial			AH- 12010-AR Endorsement.pdf
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No Rate/Rule Schedule items changed.

Thank you.

Sincerely,
John Plisky

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Company Tracking Number: AH-12001

TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness

Product Name: Blanket Business Travel

Project Name/Number: /

Form Schedule

Lead Form Number: AH-12001

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	AH-12001	Policy/Cont	Policy	Initial		0	AH-12001 Policy.pdf
		ract/Fratern					
		al					
		Certificate					
Approved-Closed	AH-12001C	Certificate	Certificate	Initial		0	AH-12001C Certificate.pdf
Approved-Closed	AH-12003-AR	Application/ Master Enrollment Form	Application	Initial		0	AH-12003-AR Master Application.pdf
Approved-Closed	AH-12016	Policy/Cont	Policy Renewal Rider	Initial		0	AH-12016 Policy Renewal Rider.pdf
		ract/Fratern					
		al					
		Certificate:					
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					
Approved-Closed	AH-12013	Policy/Cont	Foreign Nat'l F.O.P.	Initial		0	AH-12013 Foreign Natl FOP Rider.pdf
		ract/Fratern	Rider				
		al					
		Certificate:					
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					
Approved-Closed	AH-12014	Policy/Cont	War Risk Coverage	Initial		0	AH-12014 War Risk Rider.pdf
		ract/Fratern	Rider				
		al					
		Certificate:					

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<i>Product Name:</i>	<i>Blanket Business Travel</i>		
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	Endorseme		
	nt or Rider		



Starr Indemnity & Liability Company

BLANKET BUSINESS TRAVEL INSURANCE POLICY

POLICYHOLDER: [ABC Employer]

POLICY NUMBER: [12345]

POLICY EFFECTIVE DATE: [December 1, 2009]

[POLICY ANNIVERSARY DATE: [December 1]]

POLICY TERM: [December 1, 2009 – December 1, 2009]

STATE OF DELIVERY: [Any State]

The Policy takes effect at 12:01 A.M. on the Policy Effective Date shown above. It will remain in effect for the duration of the Policy Term shown above if the premium is paid according to the agreed terms. The Policy terminates at 12:00 A.M., on the last day of the Policy Term and unless the Policyholder and We agree to continue coverage under the Policy for an additional Policy Term. If coverage is continued for an additional Policy Term and the required premiums are paid on or before the Premium Due Date, We will issue a rider to identify the new Policy Term.

The Policy is governed by the laws of the state in which it is delivered.

Signed for Starr Indemnity & Liability Company By:

[Richard N. Shaak], President

[Honora M. Keane], General Counsel

**LIMITED BENEFITS: THE POLICY PAYS BENEFITS FOR SPECIFIC LOSSES
DURING THE HAZARDS SHOWN IN THE SCHEDULE OF BENEFITS ONLY.
PLEASE READ THE POLICY CAREFULLY.**

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SECTION 8:	SCOPE OF COVERAGE
SECTION 9:	EXCLUSIONS
SECTION 10:	CLAIM PROVISIONS
SECTION 11:	PREMIUM PROVISIONS
SECTION 12:	GENERAL PROVISIONS

SECTION 1: SCHEDULE OF BENEFITS

POLICYHOLDER: [ABC Employer]

POLICY NUMBER: [12345]

POLICY EFFECTIVE DATE: [December 1, 2009]

[POLICY ANNIVERSARY DATE: [December 1]]

POLICY TERM: [December 1, 2009 – December 1, 2009]

PREMIUM DUE DATE: [Annually in advance on Anniversary Date]

{The Aggregate Limit is optional and applies on the case level.}

[AGGREGATE LIMIT:

Benefit Maximum: \$[1,000,000 – \$100,000,000]

We will not pay more than the Benefit Maximum for all losses per Covered Accident. If, in the absence of this provision, We would pay more than Benefit Maximum for all losses from one Covered Accident, then the benefits payable to each person with a valid claim will be reduced proportionately, so the total amount We will pay is the Benefit Maximum.]

{Class definitions are variable and defined by the Policyholder.}

CLASSES OF ELIGIBLE PERSONS:

[A person may be insured only under one Class of Eligible Persons even though he or she may be eligible under more than one class.] [Also, a person may not be insured as a Dependent and an Insured at the same time.]

[Class 1: Employees of the Policyholder [traveling outside of the United States].]

{If there is more than one class eligible under the Policy a Schedule of Benefits may be presented for each class if benefit applicability, amounts and duration differ by class or it may be presented in the aggregate as shown below.}

HAZARDS INSURED AGAINST:

{The title of each Hazard Insured Against from Section 7 will be included here, (e.g. Business Travel, Specified Trip Coverage, etc.) based on the selections of the Policyholder.}

DESCRIPTION OF BENEFITS

{Each bracketed benefit or provision will be in-or-out (in if selected by the Policyholder, otherwise omitted.) Each bracketed phrase will be in-or-out. Bracketed numeric ranges shown are the actual ranges to be used.}

[ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

Principal Sum: [\$1,000-\$10,000,000]

Time Period for Loss from date of Accident: [90-365] days

Covered Losses: See Benefit

[Age-based Reductions: See Benefit]]

{Medical Expense benefits may be available on an unallocated or allocated basis, that is to say there may be specific limits or coinsurance rates on certain Covered Expenses (allocated) or all Covered Expenses may be subject to the same maximum limit and coinsurance rate (unallocated) as shown.}

[MEDICAL EXPENSE BENEFITS

Total Maximum for all Medical Expense Benefits: [\$1,000-\$1,000,000]

Deductible: [\$0-\$5,000]

Co-insurance Rate: [60, 70, 80, 100]% of all Covered Expenses }

Maximum Benefit Period: [length of trip, 6 months, 1 year]
from the date of the Covered Accident [or Sickness]

[Emergency Medical Evacuation Benefit

Benefit Maximum: [\$5,000-Actual Cost]

Deductible: [\$0-\$250]]

[Repatriation of Remains Benefit

Benefit Maximum: [\$5,000-Actual Cost]

Deductible: [\$0-\$250]]

[ADDITIONAL BENEFITS

{The following Additional Benefits are optional and may apply on the case or class basis at the option of the Policyholder. Each benefit will be in-or-out and bracketed phrases will be in-or-out. Bracketed numeric ranges shown are the actual ranges to be used.}

[Coma Benefit: [\$1,000-\$100,000] {or} [[1-10]% of Principal Sum]]

[Common Accident Benefit

Covered Spouse Benefit: [50-100%] of the Insured's Principal Sum [subject to a maximum of [\$50,000-\$500,000]]]

[Common Carrier Benefit: { Variable, e.g. \$1,000}[10-100]% of Principal Sum]

[Disability Benefit

Benefit Waiting Period: [3- 365] days}

Maximum Benefit Period: [26 weeks-260 weeks]

Amount of Benefit: [50-100]% of pre-disability earnings minus any Other
Income Benefits received on account of disability including current earnings.]

[Felonious Assault Benefit: [10%-100]% of Principal Sum]

[Felonious Assault and Violent Crime Benefit

Accidental Death and Dismemberment Benefit: [10-100]% multiplied by the
portion of the Principal Sum applicable to the Covered Loss, as shown in the
Schedule of Benefits.]

[Hospital Confinement Benefit:

Daily Benefit: [\$25-\$1,000]

Time Period for Confinement: [14-60] days

Benefit Waiting Period: [0-14] days

Maximum Benefit Period: [7-365] days]

[Seatbelt [and Airbag] Benefit:

[Full Seatbelt Benefit: [5-25]% of Principal Sum]

[Airbag Benefit: [5-25]% of Principal Sum]

[Default Benefit: [\$1,000-\$10,000]]]

[Chaperone Replacement Benefit

Benefit Maximum: [\$1,000-\$10,000]]

[Emergency Reunion Benefit I

Benefit Maximum: [\$1,000-\$10,000]]

[Emergency Reunion Benefit II

Benefit Maximum: [\$1,000-\$10,000]

Daily Benefit Maximum: [\$25-\$500]

Maximum Number of Days: [5-30] days]

[Extended Benefit Option

Benefit Maximum: [\$1,000-\$100,000]

Deductible: [\$0-\$5,000]

Co-insurance Rate: [60,70,80,100]%]

[Family Reunion Benefit

Benefit Maximum: [\$1,000-\$10,000]]

[Home Country Benefit I

Benefit Maximum: [\$1,000-\$100,000]

Deductible: [\$0-\$5,000]

Co-insurance Rate: [60,70,80,100]%]

[Home Country Benefit II

Benefit Maximum: [\$1,000-\$100,000]

Deductible: [\$0-\$5,000]

Co-insurance Rate: [60,70,80,100]%]

[Home Country Emergency Benefit

Benefit Maximum: [\$1,000-\$100,000]

Deductible: [\$0-\$5,000]

Co-insurance Rate: [60,70,80,100]%]

[Home Country Extension Benefit

Benefit Maximum: [\$1,000-\$100,000]

Deductible: [\$0-\$5,000]

Co-insurance Rate: [60,70,80,100]%]

[Lost Baggage Benefit

Benefit Maximum: [\$500-\$15,000]

Deductible: [\$0-\$1,000]]

[Permanent Total Disability Benefit

Amount of Benefit: [1-100]% of Principal Sum [Monthly]]

[Personal Property Benefit

Benefit Maximum: [\$500-\$15,000]

Deductible: [\$0-\$1,000]]

[Personal Property and Financial Instrument Reimbursement Benefit

Deductible per Occurrence: [\$0-\$1,000]

Personal Property Benefit Maximum: [\$500-\$15,000]

Benefit Maximum for Any One or Set of Articles: [\$250-\$15,000]

Financial Instrument Benefit Maximum: [\$250-\$10,000]

Benefit Maximum for Cash: [\$100-\$1,000]]

[Political Evacuation Benefit

Benefit Maximum: [\$10,000-\$500,000]]

[Return Minor Child(ren) Benefit

Benefit Maximum: [\$1,000-\$10,000]]

[Trip Cancellation Benefit

Benefit Maximum: [\$500-\$10,000]]

[Trip Interruption Benefit I

Benefit Maximum: [\$500-\$10,000]]

[Trip Interruption Benefit II

Benefit Maximum: [\$500-\$10,000]]

[INITIAL PREMIUM RATES:

{Determined on the basis of the plan design selected by the Policyholder.}

[\$XXX.XX per year]]

SECTION 2: DEFINITIONS

{Each bracketed Definition will be in-or-out and bracketed phrases will be in-or-out. Bracketed numeric ranges shown are the actual ranges to be used.}

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits.

“Accident” means a sudden, unexpected and unintended event.

{This definition will be included if active service requirements apply to eligibility or the effective date of insurance.}

[“Active Service” means a Covered Person is either 1) actively at work performing all the regular duties on a full-time basis either at his or her employer’s place of business or some place

the employer requires him or her to be; or 2) if not employed, able to engage in substantially all of the usual activities of a person in good health of like age and sex and not confined in a Hospital or rehabilitation or rest facility.]

“Covered Accident” means an Accident that occurs while coverage is in force for a Covered Person and results in a loss or Injury covered by the Policy for which benefits are payable.

{This definition will be included if coverage is provided for specific hazards and not solely on a 24-hour basis}

["Covered Activity"] means any activity that the Policyholder requires the Covered Person to attend, or that is under its supervision and control listed in the Schedule of Benefits and insured under the Policy.]

{This definition will be included if Medical Expense Benefits are included in the policy when issued.}

["Covered Expenses"] means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies covered by the Policy. Coverage under the Policyholder's Policy must remain continuously in force from the date of the Accident [or Sickness] until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.]

{This definition will be included if Accidental Death and Dismemberment Benefits are included in the policy when issued.}

["Covered Loss" or "Covered Losses"] means an accidental death, dismemberment or other Injury covered under the Policy.]

{The bracketed part of this definition will be included if coverage is available for dependents.}

“Covered Person” means any Insured [and Dependent] for whom the required premium is paid.]

{This definition will be included if Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are included in the policy when issued.}

["Deductible"] means the dollar amount of Covered Expenses that must be incurred as an out of-pocket expense by each Covered Person on a per [Injury, Accident, Policy Term or Sickness] basis before Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under the Policy.]

{This definition will be included if Dependents' coverage is included under the policy when issued.}

["Dependent"] means an Insured's lawful spouse [under age 70][or Domestic Partner]; or an Insured's unmarried child, from the moment of birth to age 25, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured's natural child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with the Insured or depends chiefly on the Insured for financial support. [A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code.]

Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped, 2) is not capable of self-support and 3) depends chiefly on the Insured for support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.]

{This definition will be included if Medical Expense Benefits are included in the policy when issued.}

["Doctor"] means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. It will not include a Covered Person or a member of the Covered Person's Immediate Family Member or household.]

{This definition will be included if such persons are covered.}

["Domestic Partner"] means a person of the same or opposite sex of the Insured who:

1. shares the Insured's primary residence;
2. has resided with the Insured for at least 6 months prior to the date of enrollment and is expected to reside with the Insured indefinitely;
3. is financially interdependent with the Insured
4. has signed a Domestic Partner declaration with the Insured, if recognized by the laws of the state in which he or she resides with the Insured;
5. does not have current Domestic Partner declaration with any other person;
6. is older than 18 years of age;
7. is not currently married to another person; and
8. is not in a position as a blood relative that would prohibit marriage.]]

{This definition will be included if the Scope of Coverage includes the term in the policy when issued.}

["Health Care Plan"] means a policy or other benefit or service arrangement for medical or dental care or treatment under: 1) group or blanket coverage, whether on an insured or self-funded basis; 2) hospital or medical service organizations on a group basis; 3) Health Maintenance Organizations on a group basis; 4) group labor-management plans; 5) employee benefit organization plans; 6) association plans on a group or franchise basis; or 7) any other group employee welfare benefit plan as defined in the employee Retirement Income Security Act of 1974, as amended.]

["Home Country"] means a country from which the Covered Person holds a passport. If the Covered Person holds passports from more than one country, his or her Home Country will be that country which the Covered Person has declared to Us in writing as his or her Home Country.

{This definition will be included if Medical Expense Benefits or other Additional Benefits using the term are included in the policy when issued.}

["Hospital"] means an institution that: 1) operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed Doctors available at all times; 4) provides organized facilities for diagnosis, treatment and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a pre-arranged basis; 5) is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such; and 6) is not a place solely for drug addicts, alcoholics, or the aged or any separate ward of the Hospital.]

{This definition will be included if Medical Expense Benefits are included in the policy when issued. Only one of the stay options will be included.}

["Hospital Confined"] means [an overnight stay][a stay of 24 or more consecutive hours] as a registered resident bed-patient in a Hospital.]

{This definition will be included if any Benefits references the term in the policy when issued. Each bracketed item will be in-or-out.}

["Immediate Family Member"] means a person who is related to the Covered Person in any of following ways: spouse; parent (includes stepparent); child [age 18 or older] (includes legally adopted and step child); brother or sister (includes stepbrother or stepsister); [parent-in-law;] [son or daughter-in-law;] [and] [brother- or sister-in-law].]

"Injury" means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

"Insured" means a person in a Class of Eligible Persons for whom the required premium is paid making insurance in effect for that person. [A Dependent covered under the Policy is not an Insured, but rather a Covered Person.]

{This definition will be included if the benefits included in the policy references the term.}

["Medical Emergency"] means a condition caused by an Injury [or Sickness] that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.]

{This definition will be included if Medical Expense Benefits are included in the policy when issued.}

["Medically Necessary"] means a treatment, service or supply that is: 1) required to treat an Injury [or Sickness]; prescribed or ordered by a Doctor or furnished by a Hospital; 2) performed in the least costly setting required by the Covered Person's condition; and 3) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not considered Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of the alternative to be the Covered Expense.]

{This definition may be included if disability benefits are offered are subject to offsets by other benefits.}

["Other Income Benefits"] means any amounts that an Insured [or an Insured's dependents] receive[s] (or are assumed to receive) under: [

1. any Workers' Compensation, occupational disease, unemployment compensation law or similar state or federal law, including all permanent as well as temporary disability benefits. This includes any damages, compromises or settlement paid in place of such benefits, whether or not liability is admitted. If paid as a lump sum, We will prorate these

- benefits over the period for which the sum is given. If no time is stated, the lump sum will be prorated over a five year period. If no specific allocation of a lump sum is made, then the total sum will be an Other Income Benefit.
2. any Social Security or retirement benefits the Covered Person receive or any third party receives (or is assumed to receive) on the Insured's behalf or for the Insured's dependents; or, if applicable, that the Insured Dependents receive (or are assumed to receive) because of the Covered Person's entitlement to such benefits.
 3. Any proceeds payable under any group insurance or similar plan. If there is other insurance that applies to the same claim for disability, and contains the same or similar provision for reduction because of other insurance, We will pay our pro rata share of the total claim. "Pro rata share" means the proportion of the total benefit that the amount payable under one policy, without other insurance, bears to the total benefits under all such policies.]

{This definition will be included if coverage for Sickness is included.}

["Pre-existing Condition"] means – an illness, disease or other condition of the Covered Person, that in the [6-12] month period before the Covered Person's coverage became effective under the Policy:

1. first manifested itself, worsened, became acute or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or
2. required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or
3. was treated by a Doctor or treatment had been recommended by a Doctor.]

{This definition will be included if coverage for Sickness is included.}

["Sickness"] means an illness, disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.]

["Trip"] means travel by air, land, or sea from the Covered Person's Home Country.

{This definition will be included if Medical Expense Benefits or Additional Benefits using the term are included in the policy when issued.}

["Usual and Customary Charge"] means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.]

["We", "Our", "Us"] means Starr Indemnity & Liability Company [or its authorized agent].

SECTION 3: ELIGIBILITY FOR INSURANCE

Each person in one of the Classes of Eligible Persons shown in the Schedule of Benefits is eligible to be insured on the Policy Effective Date. We maintain the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

{This provision will be included as shown if Dependents are covered.}

[An Insured's Dependent is eligible on the date:

1. the Insured is eligible, if the Insured has Dependents on that date; or
2. the date the person becomes a Dependent, if later.

In no event will a dependent be eligible if the Insured is not eligible.]

SECTION 4: EFFECTIVE DATE OF INSURANCE

An Eligible Person will be insured on the latest of the following dates:

1. the Policy Effective Date; or
2. the date he or she is eligible; [or
3. the date of the scheduled Trip departure date; or
4. the date of his or her departure from the United States.]

{This text will be included if a deferred effective date applies.}

[If an Eligible Person [or Dependent] is not in Active Service on the date insurance would otherwise be effective, it will be effective on the date he or she returns to Active Service. A Dependent's insurance will not be in effect prior to the date an Eligible Person is insured.]

SECTION 5: TERMINATION DATE OF INSURANCE

An Insured's coverage will end on the earlier of the date:

1. the policy terminates;
2. the Insured is no longer eligible;
3. the period ends for which premium is paid;
- [4. the scheduled Trip return date;]
- [5. the Insured returns to his or her Home Country;]
- [6. the Insured returns to the United States;]

{This text will be included if Dependents' coverage is included under the policy when issued.}

[A Dependent's coverage will end on the earliest of the date:

1. he or she is no longer a Dependent;
2. the Insured's coverage ends;
3. the period ends for which premium is paid;
- [4. the scheduled Trip return date;]
- [5. the Dependent returns to his or her Home Country;]
- [6. the Dependent returns to the United States]

EXTENSION OF BENEFITS

We will extend benefits under the Policy for [3-12] months after a Covered Person's coverage would otherwise end if on that date he or she is:

1. Hospital Confined for an Injury [or Sickness] covered by the Policy; and
2. under a Doctor's care.

Any benefits payable under this provision will not exceed the benefit maximums shown in the Schedule of Benefits.

SECTION 6: DESCRIPTION OF BENEFITS

The following Provisions explain the benefits available under the Policy. Please see the Schedule of Benefits for the applicability of these benefits on a class level.

[This text will be included if Accidental Death and Dismemberment Benefits are elected at the case level. These benefits may be offered for accidental death only or for any combination of the losses shown below. Each benefit will be in-or-out and each accompanying definition will be in-or-out. Benefits will be paid on the basis of a percentage of Principal Sum and the actual range is shown within the brackets. These options may apply on the case or class level.]

[A. ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

If Injury to the Covered Person results, within the Time Period for Loss from date of Accident shown in the Schedule of Benefits, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. [The Principal Sum is shown in the Schedule of Benefits.] If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Accident.

Covered Loss Benefit Amount

[Life	100% of the Principal Sum]
[Brain Death	[10-100]% of the Principal Sum]
[Heart Failure	[10-100]% of the Principal Sum]
[Quadriplegia.....	[10-100]% of the Principal Sum]
[Two or more Members.....	[10-100]% of the Principal Sum]
[One Member	[10-100]% of the Principal Sum]
[Hemiplegia	[10-100]% of the Principal Sum]
[Paraplegia.....	[10-100]% of the Principal Sum]
[Uniplegia.....	[10-100]% of the Principal Sum]
[Thumb and Index Finger of the Same Hand.....	[10-100]% of the Principal Sum]
[Four Fingers of the Same Hand.....	[10-100]% of the Principal Sum]

[“Brain Death” means irreversible unconsciousness with total loss of brain function; and complete absence of electrical activity of the brain, even though the heart is still beating.]

[“Heart Failure” means death because the heart ceases to beat due to failure of the heart to maintain adequate circulation of blood provoked by participation in a Covered Activity.]

[“Quadriplegia” means total Paralysis of both upper and lower limbs. “Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body. “Uniplegia” means total Paralysis of one lower limb or one upper limb. “Paraplegia” means total Paralysis of both lower limbs or both upper limbs. “Paralysis” means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.]

[“Member” means Loss of Hand or Foot, Loss of Sight, Loss of Speech, and Loss of Hearing. “Loss of Hand or Foot” means complete Severance through or above the wrist or ankle joint. “Loss of Sight” means the total, permanent Loss of Sight of one eye. “Loss of Speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of Hearing” means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. “Loss of a Thumb and Index Finger of the Same Hand” or “Loss of Four Fingers of the Same Hand” means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). “Severance” means the complete separation and dismemberment of the part from the body.]]

{This text will be included if age based reductions are elected by the Policyholder. Ages and reduction amounts may vary at the request of the Policyholder. If this option applies to some classes, but not all classes covered under the policy, this information will appear in the Schedule of Benefits for the appropriate classes.}

[Age Reduction Schedule. The amount payable for a Covered Loss will be reduced if a Covered Person is age [65, 70, 75] or older on the date of the Accident causing the loss. The amount payable for the Covered Person's loss is a percentage of the amount that would otherwise be payable, as shown below:

AGE ON DATE OF ACCIDENT	PERCENTAGE OF BENEFIT AMOUNT OTHERWISE PAYABLE
[65-69]	[85-65%]
[70-74]	[65-45%]
[75-79]	[50-30%]
[80 and older]	[40-20%]

[Premium for a Covered Person age [65,70,75] or older is based on 100% of the coverage that would be in effect if the Covered Person were under age [65,70,75].]

“Age” as used above refers to the age of the Covered Person on his or her most recent birthday.]

{Medical Expense Benefits are payable on the basis of the Usual and Customary Charges for actual expenses incurred and payable under the policy. Any deductibles, coinsurance factors, required co-payments, limits, etc. will be shown in the Schedule of Benefits. Each benefit is optional and may be included at the option of the Policyholder on either a case or class basis. Bracketed phrases will be in-or-out.}

[B. MEDICAL EXPENSE BENEFITS

We will pay Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident [or Sickness]. These benefits are subject to the Deductibles, Coinsurance Rates, Benefit Periods, Benefit Maximums and other terms or limits shown in the Schedule of Benefits.

Medical Expense Benefits are only payable:

1. for Usual and Customary Charges incurred after the Deductible has been met;
2. for those Medically Necessary Covered Medical Expenses that the Covered Person receives; and
3. when the first charges are incurred within [90,180,365] days after the date of the Covered Accident [or Sickness].

No benefits will be paid for any expenses incurred that, in Our judgment, are in excess of Usual and Customary Charges.

Covered Medical Expenses

1. [Hospital Room and Board Expenses: the daily room rate when a Covered Person is Hospital Confined and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.]
2. [Ancillary Hospital Expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when Hospital Confined. This does not include personal services of a non-medical nature.]

3. [Daily Intensive Care Unit Expenses: the daily room rate when a Covered Person is Hospital Confined in a bed in the Intensive Care Unit and nursing services other than private duty nursing services.]
4. [Medical Emergency Care (room and supplies) Expenses: incurred within 72 hours of an Accident and including the attending Doctor's charges, X-rays, laboratory procedures, use of the emergency room and supplies.]
5. [Newborn Nursery Care Expenses.]
6. [Outpatient Surgical Room and Supply Expenses for use of the surgical facility.]
7. [Outpatient diagnostic X-rays, laboratory procedures and tests.]
8. [Doctor Non-Surgical Treatment/Examination Expenses (excluding medicines) including the Doctor's initial visit, each Medically Necessary follow-up visit and consultation visits when referred by the attending Doctor.]
9. [Doctor's Surgical Expenses [as shown in the Schedule of Benefits]. [If an Injury or Sickness requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session but through different incisions, We will pay as shown in the Schedule of Benefits for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.]]
10. [Assistant Surgeon Expenses when Medically Necessary]
11. [Anesthesiologist Expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.]
12. [Outpatient Laboratory Test Expenses.]
13. [Physiotherapy [Physical Medicine/Chiropractic/Acupuncture] Expenses on an inpatient or outpatient basis [limited to one visit per day (as shown in the Schedule of Benefits)]. Expenses include treatment and office visits connected with such treatment when prescribed by a Doctor, including diathermy, ultrasonic, whirlpool, or heat treatments, adjustments, manipulation, message or any form of physical therapy.]
14. [Chiropractic Expenses on an inpatient or outpatient basis [limited to one visit per day (as shown in the Schedule of Benefits)].]
15. [X-ray Expenses (including reading charges) but not for dental X-rays.]
16. [Dental Expenses including dental x-rays for the repair or treatment of each injured tooth that is whole, sound and a natural tooth at the time of the Accident [,and emergency alleviation of dental pain].]
17. [Dental Expenses for impacted wisdom tooth.]
18. [Outpatient Registered Nurse Services if ordered by a Doctor.]
19. [Ambulance Expenses for transportation from the emergency site to the Hospital.]
20. [Rehabilitative braces or appliances prescribed by a Doctor. It must be durable medical equipment that 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.]
21. [Prescription Drug Expenses [including dressings, drugs and medicines] prescribed by a Doctor [and administered on an outpatient basis].]
22. [Medical Equipment Rental Expenses for a wheelchair or other medical equipment that has therapeutic value for a Covered Person. We will not cover computers, motor vehicles or modifications to a motor vehicle, ramps and installation costs, eyeglasses and hearing aids.]
23. [Medical Services and Supplies: expenses for blood and blood transfusions; oxygen and its administration.]
24. [Eyeglasses, contact lenses and hearing aids when damage occurs in a Covered Accident that requires medical treatment.]
25. [Expenses due to an aggravation or re-Injury of a Pre-Existing Condition.]
26. [Emergency medical treatment of pregnancy.]
27. [Therapeutic termination of pregnancy.]

[C. ADDITIONAL BENEFITS

{The following benefits are optional and may be included at the option of the Policyholder on a case or class basis. Each benefit will be in-or-out, each bracketed phrase will be in-out, and the actual numerical range is shown within brackets, if variable.}

[Chaperone Replacement Benefit

In the event that the official chaperone of the Policyholder is prevented from continuing his to her Trip due to Injury, [Sickness] or death of him or her or an Immediate Family Member which occurs after the Trip begins and before the Trip termination date, We will pay for the reimbursement of:

1. the replacement chaperone, up to the published rate of a round trip economy class ticket from his or her place of permanent residence to the next scheduled destination where the replacement can join the insured group; and
2. returning chaperone, up to the published rate of a round trip economy class ticket from his or her assigned location back home.

The Benefit Maximum per incident for both chaperones is shown in the Schedule of Benefits. We will only pay one Chaperone Replacement Benefit per Trip.]

[Coma Benefit

We will pay the Coma Benefit shown in the Schedule of Benefits if a Covered Person becomes Comatose within [31-60] days of a Covered Accident [or Sickness] and remains in a Coma for at least [31-60] days.

We reserve the right, at the end of the first [31-60] days of Coma, to require additional proof that the Covered Person remains Comatose. This proof may include, but is not limited to, requiring an independent medical examination at Our expense.

We will pay this benefit in [a lump sum / periodic payments] as shown in the Schedule of Benefits. [Periodic payments will end on the first of the following dates:

1. the end of the month in which the Covered Person dies;
2. the end of the [9th-12th] month for which this benefit is payable;
3. the end of the month in which the Covered Person recovers from the Coma.]

A person is deemed “Comatose” or in a “Coma” if he or she is in a profound stupor or state of complete and total unconsciousness, as the result of a Covered Accident [or Sickness].]

[Common Carrier Benefit

We will pay the Common Carrier Benefit shown in the Schedule of Benefits if Injury or death occurs from a Covered Accident while a Covered Person is riding as a fare-paying passenger in, or is struck by a regularly scheduled Common Carrier. Riding includes getting into and getting out of the Common Carrier.

“Common Carrier” means:

1. a [public] conveyance, including an aircraft, licensed for hire to carry fare-paying passengers [on a set route and schedules]; or
2. a transport aircraft operated by the Air Mobility Command of the United States of America or a similar air transport service of another country.]

[Common Accident Benefit

We will increase the Loss of Life benefit payable for an insured spouse to [50-100%] of the Insured’s Principal Sum if both the Insured and the insured spouse die directly and independently of all other causes from a Common Accident and are survived by one or more Dependent children.

"Common Accident" means the same Covered Accident or separate Covered Accidents that occur within the same [24-hour period.]

[Disability Benefit

We will pay the Disability Benefit shown in the Schedule of Benefits if a Covered Person is Totally Disabled [or Partially Disabled] as a direct result of, and from no other cause but, a Covered Accident [or Sickness]. Disability Benefits will begin when:

1. the applicable Benefit Waiting Period shown in the Schedule of Benefits for this benefit is satisfied; and
2. the Covered Person provides satisfactory proof of Total Disability [or Partial Disability] to Us.

Benefit Payments will end on the first of the following dates:

1. the date the Covered Person dies; or
2. the date the Covered Person is no longer Totally Disabled [or Partially Disabled]; or
3. the date the Maximum Benefit Period for this benefit ends; or
4. the date the Covered Person fails to submit satisfactory proof of continuing Total Disability [or Partial Disability].

"Total Disability" or "Totally Disabled" means, due to an Injury from a Covered Accident, [or Sickness], a Covered Person:

1. if employed, cannot do any work for which he or she is, or may become, qualified by reason of education, experience or training; and
2. if not employed, cannot perform the normal and customary activities of a healthy person of like age and sex.

"Partial Disability" or "Partially Disabled" means a Covered Person is able to work after a period for which Total Disability benefits are payable under the Policy, but is not:

1. able to perform all the material duties of his or her occupation; and
2. earn more than [\$1,000-\$2,000] or more in gross earnings per month.

Partial Disability must be the result of the same Covered Accident [or Sickness] for which Total Disability benefits were payable.]

[Emergency Medical Evacuation Benefit

We will pay Emergency Medical Evacuation Benefits as shown in the Schedule of Benefits for expenses incurred for the medical evacuation of a Covered Person. Benefits are payable if the Covered Person:

1. is traveling outside of his or her Home Country;
2. suffers an Injury [or Sickness] during the course of the Trip; and
3. requires Emergency Medical Evacuation.

Benefits will not be payable unless:

1. the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's Injury [or Sickness] requires an Emergency Medical Evacuation;
2. all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible;
3. the charges incurred are Medically Necessary and do not exceed the usual level of charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and
4. do not include charges that would not have been made if there were no insurance.

"Emergency Medical Evacuation" means:

1. the Covered Person's immediate transportation from the place where he or she suffers an Injury [or Sickness] to the nearest Hospital or other medical facility where appropriate medical treatment can be obtained; or
2. the Covered Person's transportation to his or her Home Country to obtain further medical treatment in a Hospital or other medical facility or to recover after suffering an Injury [or Sickness].

An Emergency Medical Evacuation also includes Medically Necessary medical treatment, medical services and medical supplies necessarily received in connection with such transportation.

[After Hospitalization or treatment for a covered Injury [or Sickness], if the Covered Person is unable to continue his journey, Our designated assistance provider, in conjunction with the local attending Doctor and/or the Covered Person's habitual Doctor, will organize the Covered Person's return to his or her Home Country or country of permanent assignment. If the gravity of the situation so dictates, Our designated assistance provider will ensure that appropriate medical care is provided to the Covered Person during the return journey. If Our designated assistance provider and the local attending medical practitioner consider the Covered Person stable enough to be medically repatriated, without endangering the Covered Person's health, and the Covered Person refuses repatriation, We will continue to pay medical expense benefits incurred after the date repatriation was recommended only up to the amount that would have been payable for the medical repatriation, subject to policy maximums and limitations.]

Benefits will not be payable unless We authorize in writing [or by an authorized electronic or telephonic means] all expenses in advance.]

{Only one of the following Emergency Reunion Benefits may be included at the option of the Policyholder on either a case or class basis.}

[Emergency Reunion Benefit I

We will pay expenses incurred to have one of the [Insured's][Covered Person's] Immediate Family Members accompany him or her to the [Insured's][Covered Person's] [Home Country] [or] [Hospital] where the [Insured][Covered Person] is confined if[:

1. the Emergency Medical Evacuation Benefit is payable under the Policy]; and
2. [the Insured][Covered Person] is alone outside of his or her Home Country; and]
3. the place of confinement is more than [50-200] miles from the the [Insured's][Covered Person's] Home Country].

[In addition, We will pay the reasonable expenses incurred for lodging and meals of the [Insured's][Covered Person's] Immediate Family Member for a period not to exceed [7-14] days.]

[This benefit will not exceed [the lesser of]:

1. the cost of a one [round-trip] economy airfare ticket and other local travel related expenses; [or]
2. the reasonable expenses incurred for lodging and meals of the [Insured's][Covered Person's] Immediate Family Member for a period of [7-14] days.]
3. the Reunion Benefit Maximum shown in the Schedule of Benefits.]

We must authorize all expenses in advance for any Reunion Benefits to be payable.]

[Emergency Reunion Benefit II

In the event the Covered Person has either been: 1) confined in a Hospital for at least [24-48] consecutive hours due to a covered Injury [or Sickness], where the attending Doctor believes it

would be beneficial for the Covered Person to have a Family Member at his or her side; or 2) the victim of a Felonious Assault, We will pay the expenses incurred for travel and lodging for that Family Member, up to the Benefit Maximum shown in the Schedule of Benefits. Covered expenses include an economy airline ticket and other travel related expenses not to exceed the Daily Benefit Maximum and the Maximum Number of Days shown in the Schedule of Benefits. All travel arrangements must be made by the Company's assistance provider and approved in advance by Us in order for expenses to be considered eligible.

"Felonious Assault" means a violent or criminal act reported to the local authorities which was directed at the Covered Person during the course of, or an attempt of, a physical assault resulting in serious injury, kidnapping, or rape.

"Family Member" means a person who is related to the Covered Person in any of following ways: spouse; parent (includes stepparent); child (includes legally adopted and step child); brother or sister (includes stepbrother or stepsister); parent-in-law; son- or daughter-in-law; and brother- or sister-in-law.]

[Extended Benefit Option]

We will pay the benefit shown in the Schedule of Benefits, subject to the payment of the separate Deductible, while the Covered Person is in his or her Home Country, if the Covered Person obtains treatment for an Injury [or Sickness] within [30-90] days of returning from a Trip to his or her Home Country. Such treatment must be for the recurrence or continuation of treatment for an Injury [or Sickness] that began during the course of a Trip for which a benefit is otherwise payable under the Medical Expense Benefit.]

[Family Reunion Benefit]

If, while the Covered Person is traveling, he or she suffers an Injury [or Sickness] and must be confined in a Hospital for at least [3-7] consecutive days [or if the Covered Person is medically evacuated to another location,] We will reimburse the expenses incurred for transportation and lodging for a Family Member to join the Covered Person during his or her stay in the Hospital. All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation or lodging in the locality where the expense is incurred. Benefits will not be paid unless all expenses are approved in advance by Us, and services are rendered by the Company's assistance provider.

"Family Member" means a Covered Person's parent; sister; brother; husband, wife or children.]

[Felonious Assault Benefit]

We will pay the Felonious Assault Benefit shown in the Schedule of Benefits if, while a Covered Person is traveling, he or she is the victim of a Felonious Assault, and as the result of the assault he or she suffers a covered Injury. A person other than another person covered by the Policy, a Covered Person's Family Member or household member must inflict the assault.

"Felonious Assault" means an act of physical violence against a person covered by the Policy.

"Family Member" means a Covered Person's parent, sister, brother, husband, wife or children.]

[Felonious Assault and Violent Crime Benefit]

We will pay benefits shown in the Schedule of Benefits, subject to the following conditions, when the Covered Person suffers a Covered Loss resulting directly and independently of all other causes from a Covered Accident that occurs during a violent crime or felonious assault as described below. [A police report detailing the felonious assault or violent crime must be provided before this benefit is payable.] [The Covered Accident must occur while the Covered

Person is on the business or premises of the Policyholder.] The Covered Person must notify the police within [24-48] hours of the assault.

To qualify for benefit payment, the Covered Accident must occur during any of the following:

1. actual or attempted robbery or holdup;
2. actual or attempted kidnapping;
3. any other type of intentional assault that is a crime classified as a felony by the governing statute or common law in the location where the assault occurred.

[We will pay a Hospital Stay Benefit, subject to the following conditions, when the Covered Person suffers a Covered Loss resulting directly and independently of all other causes from a Covered Accident that occurs during a violent crime or felonious assault if all of the following conditions are met:

- [1. the Covered Person is insured for Hospital Stay benefits under the Policy;]
- [2.] the Hospital Stay begins within [14-30] days of the violent crime/felonious assault;
- [3. the Hospital Stay is at the direction and under the care of a Doctor;]
- [4.] the Covered Person provides proof satisfactory to Us that his Hospital Stay was necessitated to treat Injuries sustained in a Covered Accident caused solely by a violent crime or felonious assault;
- [5.] the Hospital Stay begins while the Covered Person's insurance is in effect.]

The benefit will be paid for each day of a continuous Hospital Stay. [If benefits are calculated on a monthly basis, pro rata payments will be made for confinements of less than one month.]

Benefits will not be paid for treatment of any Injury sustained or Covered Loss incurred during any:

1. violent crime or felonious assault committed by the Covered Person; or
2. felonious assault or violent crime committed upon the Covered Person by a Family Member, Fellow Employee, or Member of the Same Household.

"Family Member" means the Covered Person's parent, step-parent, spouse or former spouse, son, daughter, brother, sister, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, aunt, uncle, cousins, grandparent, grandchild and stepchild.

"Fellow Employee" means a person employed by the same Policyholder as the Covered Person or by an affiliated or subsidiary corporation. It shall also include any person who was so employed, but whose employment was terminated not more than [30-90] days prior to the date on which the violent crime/felonious assault was committed.

"Member of the Same Household" means a person who maintains residence at the same address as the Covered Person.]

{ Only one of the following Home Country Benefits may be included at the option of the Policyholder on either a case or class basis. }

[Home Country Benefit I

We will pay benefits shown in the Schedule of Benefits while the Covered Person is in his or her Home Country, if the Covered Person obtains treatment for: 1) an Injury [or Sickness] within [30-90] days of returning from a Trip to his or her Home Country; or 2) for a continuation of benefits for treatment that began during the course of a Trip for which a benefit is otherwise payable under the Medical Expense Benefit. The Covered Person must remain continuously insured, including while on vacations and school breaks. Home Country Benefit payments are subject to any applicable Benefit Maximum, Deductible and Coinsurance Rate shown in the Schedule of Benefits.

[Extended Benefit - If the Home Country benefit is payable, benefits will be extended for an additional month provided the Covered Person has enrolled for coverage under the Policy for at least [three-nine] consecutive months. Extended Benefits are subject to the Benefit Maximum shown in the Schedule of Benefits for the Home Country Benefit.]]

[Home Country Benefit II]

We will pay the benefit shown in the Schedule of Benefits when the Covered Person returns to his or her Home Country or country of principal residence for incidental visits of up to a maximum of a [one-four]-week period, provided:

1. the period of coverage is for a period of at least [30-90] days; and
2. the primary reason for the Covered Person's return to the Home Country or country of principal residence is not to obtain medical treatment for an Injury [or Sickness] that occurred while traveling.

Home Country Benefit payments are subject to any applicable Benefit Maximum, Deductible and Coinsurance Rate shown in the Schedule of Benefits.

[Extended Benefit - If the Home Country benefit is payable, benefits will be extended for an additional month provided the Covered Person has enrolled for coverage under the Policy for at least [three-nine] consecutive months. Extended Benefits are subject to the Benefit Maximum shown in the Schedule of Benefits for the Home Country Benefit.]]

[Home Country Emergency Benefit]

We will pay benefits for Covered Medical Expenses if the Covered Person obtains treatment of an Injury [or Sickness] in his or her Home Country during the course of a Trip for which a benefit is otherwise payable under the Medical Expense Benefit.

The coverage begins on the date the Covered Person arrives in his or her Home Country. The maximum duration of this coverage is [14-60] days in any 12 month period. Coverage ends when the Covered Person leaves his or her Home Country.

Coverage with respect to the Covered Person must remain continuously in force. This includes while he or she is on vacation and school breaks. Home Country Emergency Benefit payments are subject to any applicable Benefit Maximum, Deductible and Coinsurance Rate shown in the Schedule of Benefits.]

[Home Country Extension Benefit]

We will pay benefits for Covered Medical Expenses if the Covered Person obtains treatment of an Injury [or Sickness] while he or she is in his or her Home Country during the course of a Trip for which a benefit is otherwise payable under the Medical Expense Benefit. Benefits will be paid for a period of [1-3] months from the date the Covered Person returns to his or her Home Country. Home Country Extension Benefit payments are subject to any applicable Benefit Maximum, Deductible and Coinsurance Rate shown in the Schedule of Benefits.]

[Hospital Confinement Benefit]

We will pay the Hospital Confinement Benefit shown in the Schedule of Benefits if a Covered Person is Hospital Confined, and all of the following conditions are met.

1. The Hospital stay is the direct result, from no other causes, of Injuries sustained in a Covered Accident, [or Sickness] that occurs while the Policy is in effect.
2. The Hospital stay begins within [7-21] days of a Covered Accident [or Sickness] [and lasts for the Time Period for Confinement shown in the Schedule of Benefits] [and lasts at least 3 days in a row]. [We will pay this benefit retroactive to the first day of the Hospital stay.]

Benefit payments will end on the first of the following dates:

1. the date the Hospital stay ends; or
2. the date the Covered Person dies;
3. the date the Maximum Benefit Period for this benefit ends; or
4. the date insurance under the Policy ends.]

[Lost Baggage Benefit

We will reimburse the Covered Person's replacement costs [of clothes and personal hygiene items], up to the Benefit Maximum shown in the Schedule of Benefits, if the Covered Person's luggage is checked onto a common carrier, and is then lost, stolen or damaged beyond his or her use. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. The Covered Person must file a formal claim with the transportation provider and provide Us with copies of all claim forms and proof that the transportation provider has paid the Covered Person its normal reimbursement for the lost, stolen or damaged luggage.]

[Permanent Total Disability Benefit

We will pay this benefit if:

1. a Covered Person is Injured in a Covered Accident, which happens while he or she is covered for this benefit; and
2. he or she becomes Totally Disabled as a direct result, and from no other cause, within 30 days of the Covered Accident; and
3. he or she remains Totally Disabled for 12 straight months; and
4. he or she is then Permanently and Totally Disabled.

The amount of this benefit is the amount shown on the Schedule of Benefits, minus any amounts we have paid under other benefits for the same Covered Accident. If the amount shown on Schedule of Benefits is a periodic amount, then We will pay this amount until:

1. the Covered Person dies, or is no longer Permanently and Totally Disabled; or
2. the total we have paid for the same Covered Accident under the Policy is the Principal Sum shown on the Schedule of Benefits.

A person will be deemed "Totally Disabled" if he or she cannot do all the substantial and material duties of his or her type of work, as determined by a Doctor. He or she will be deemed "Permanently and Totally Disabled" if he or she is not able to do any work for which he is or may become qualified by reason of his education, experience or training; and if he or she is not expected to be able to do any such work for the rest of his life, as determined by a Doctor.]

[Personal Property Benefit

We will reimburse the Covered Person the reasonable cost, up to the Benefit Maximum shown in the Schedule of Benefits [after satisfaction of the Deductible], for replacement of any personal property that is lost or totally destroyed while the Covered Person is on his or her trip. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. The Covered Person must demonstrate that he or she has taken reasonable precautions for the safety and security of any covered property, and We require certification by a police or security authority in a incident report. Covered property does not include laptop computers.

For any claim the Covered Person makes under this Benefit, We are entitled to make reasonable repairs or salvage efforts to restore his or her personal property or to keep the damaged property if We choose to do so. We will require valid receipts of replacement goods prior to payment of any benefits.]

[[Personal Property] [and] [Financial Instrument Reimbursement] Benefit

If [a Covered Person][an Insured] sustains loss or damage to Personal Property [or Financial Instrument] [that is caused directly by a Covered Peril] during [a bona fide business trip approved by his or her employer][his or her trip], We will indemnify [the Policyholder on behalf of [the Insured][the Covered Person] with respect to such loss or damage up to the Maximum Amount shown on the Schedule of Benefits [after satisfaction of the Deductible]. The [Covered Person][Insured] must take all reasonable precautions for the safety of any covered [Personal Property] [and] [Financial Instrument]. With respect to a covered loss, We will be entitled:

1. to take and keep possession of such property and to deal with salvage in a reasonable manner;
2. to repair or replace any property for which We have liability under this Benefit, at Our option. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period.

Definitions

[“Covered Peril” means loss or damage caused by: fire; explosion; lightning; collision, upset or overturn to a rental vehicle; theft; burglary or robbery.]

“Personal Property” means:

[personal goods belonging to [the Covered Person][the Insured] or for which [the Covered Person][the Insured] is responsible and are taken [on the business trip] or acquired by [the Covered Person][the Insured] during the trip.] *{or}*
[the personal effects owned by [the Covered Person][the Insured] for personal use, adornment, or amusement].

[“Financial Instrument” means coins, banknotes, postal and money orders, signed travelers and other checks, letters of credit, travel tickets and credit cards.]

Exclusions *{Each Exclusion will be in-or-out and each bracketed phrase will be in-or-out.}*

We will not pay for:

- [1. More than [\$100 to \$3,000] with respect to any one article or set of articles.]
- [2. Vehicles [(including aircraft and other conveyances)] or their accessories or equipment.]
- [3. Loss or damage due to:
 - [a) Moth, vermin, insects or other animals;]
 - [b) wear and tear; atmospheric or climatic conditions or gradual deterioration or [latent] defective materials or craftsmanship;]
 - [c) Mechanical or electrical failure [or inherent vice];]
 - [d) Breaking, marring, scratching, wet or dampness, spoilage, being discolored, mold mildew, rust, frost, steam, mishandling, improper packing, improper stowage or rough handling;]
 - [e) Any process of cleaning, restoring, repairing or alteration].]
- [4. More than a reasonable proportion of the total value of the set where the loss or damaged article is part of a set or pair.]
- [5. Currency.]
- [6. Coins, deeds, bullion, stamps, securities, tickets, documents and perishables.]
- [7. Devaluation of currency or shortages due to errors or omissions during monetary transactions.]
- [8. More than \$500 with respect to cash.]
- [9. Any loss not reported to either the police or transport carrier within 24 hours of discovery.]
- [10. Any loss due to confiscation or detention by customs or any other authority.]
- [11. Any loss or damage directly or indirectly caused by declared or undeclared war or any act thereof.]

- [12. Laptop computers.]
- [13. Household furniture.]
- [14. Eyeglasses.]
- [15. Contact lenses.]
- [16. Artificial teeth or limbs.]
- [17. Property while in the care, custody, or control of any common carrier.]
- [18. Loss or damage due to unexplained or mysterious disappearance [, unexplained shortage, or shortage disclosed by taking inventory].]
- [19. Loss or damage due to theft unless reported to the police or competent authority.]
- [20. Jewelry, furs, fine arts and antiques.]
- [21. Audiovisual equipment, slide projectors, televisions, overhead projectors.]
- [22. Foodstuffs, liquor, medication, pharmaceutical goods, and plants.]
- [23. Animal mounts or other products of taxidermy.]
- [24. Cellular telephones, citizen band radios, tape players, radar detectors, radio and other sound reproducing or receiving equipment.]
- [25. Firearms, ammunitions, holsters, firearm paraphernalia.]
- [26. Motor vehicles, including motorcycles and mobile equipment.]

[In additional, We will not pay benefits for loss or damage caused by or resulting from:

- [1. Hostile or war like action in time of peace or war, including action in hindering, combating or defending against an actual, impending or expected attack by:
 - a) any government or sovereign power (de jure or de facto), or by any authority maintaining or using military, naval or air forces; or
 - b) military, naval or air forces; or
 - c) an agent of any government power, authority or forces.]
- [2. Any weapon of war employing atomic fission or radioactive force whether in time of peace or war.]
- [3. Insurrection, rebellion, revolution, civil war, usurped power, or action taken by governmental authority in hindering, combating or defending against such an occurrence, seizure or destruction under quarantine or custom regulations, confiscation by order of any government or public authority, or risks of contraband or illegal transportation or trade.]
- [4. Nuclear reaction or nuclear radiation or radioactive contamination.]
- [5. Breakage of glass, unless the breakage is the direct result of a covered loss.]
- [6. Loss or destruction of property resulting from any [Covered Person][Insured] voluntarily giving someone else possession of your property, other than to a parking valet or service technician for the purpose of parking, servicing, or repairing an automobile, truck or van.]
- [7. Loss or destruction of property while a rented vehicle is being used for commercial purpose.]
- [8. Loss or damage to property which occurs while loading or unloading a rented vehicle unless such loss or damage is the result of a covered loss.]
- [9. Loss or damage occurring subsequent to a vehicle being obtained under a fictitious name, address, other false identification, or other fraudulent means or misrepresentation.]

Additional exclusions that apply to this Benefit are shown in the Exclusions section of the Policy.]

[Repatriation of Remains Benefit

We will pay Repatriation Benefits as shown in the Schedule of Benefits for preparation and return of a Covered Person's body to his or her Home Country if he or she dies due to an Injury [or Sickness]. Covered expenses include:

- 1. expenses for embalming or cremation;
- 2. the least costly coffin or receptacle adequate for transporting the remains;

3. transporting the remains by the most direct and least costly conveyance and route possible.

Benefits will not be payable unless We authorize in writing [or by an authorized electronic or telephonic means] all expenses in advance.]

[Political Evacuation Expense Benefit

We will pay Political Evacuation Expense Benefits described in the Schedule of Benefits to the Covered Person, if:

1. an Occurrence takes place during the Covered Activity described in the Policy while coverage is in effect; and
2. while he or she is traveling outside of his or her Home Country or country of residence.

Benefits are subject to the Benefit Maximum shown in the Schedule of Benefits.

Benefits will be paid for:

1. the Covered Person's Transportation and Related Costs to the Nearest Place of Safety, necessary to ensure his or her safety and well-being as determined by the Designated Security Consultant. Political Evacuation Benefits are payable only once for any one Occurrence.
2. the Covered Person's Transportation and Related Costs within 14 days of the Political Evacuation to either of the following locations as chosen by the Covered Person:
 - a. back to the country in which the Covered Person is traveling during the Covered Activity while covered by the Policy; or
 - b. the Covered Person's Home Country; or
 - c. where the entity that sponsored the Covered Person's Trip is located.
3. [consulting services by a Designated Security Consultant for seeking information on a Missing Person or kidnapping cases, if the Covered Person is kidnapped or is reported as a Missing Person to local or international authorities.]

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. Our assistance provider is not responsible for the availability of Transport services. Where a Political Evacuation becomes impractical due to hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with the Covered Person until a Political Evacuation occurs.

Right of Recovery

If, after a Political Evacuation is completed, it becomes evident that the Covered Person was an active participant in the events that led to the Occurrence, We have the right to recover all Transportation and Related costs from the Covered Person.

Changes in Terms and Conditions

The terms and conditions of this Benefit may be changed at any time to reflect conditions that, in Our opinion, constitute a change in the Policyholder's Political Evacuation exposure. We will give at least 31 days advance written notice (or authorized electronic or telephonic means) to the Participating Organization of any change in the terms and condition of this coverage.

The following definitions apply to this Benefit:

"Appropriate Authority(ies)" means the government authority(ies) in the Covered Person's Home Country or country of residence or the government authority(ies) of the Host Country.

"Designated Security Consultant" means an employee of a security firm under contract with Us or Our assistance provider who is experienced in security and measures necessary to ensure the safety of the Covered Person(s) in his or her care.

“Evacuation Advisory” means a formal recommendation issued by the Appropriate Authorities that the Covered Person or citizens of his or her Home Country or Country of Residence or citizens of the Host Country leave the Host Country.

“Host Country” means any country, other than an OFAC excluded country, in which the Covered Person is traveling while covered under the Policy.

[“Missing Person” means a Covered Person who disappeared for an unknown reason and whose disappearance was reported to the Appropriate Authority(ies).]

[“Natural Disaster” means storm (wind, rain, snow, sleet, hail, lightning, dust or sand) earthquake, flood, volcanic eruption, wildfire or other similar event that:

1. is due to natural causes; and
2. results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government in which the Covered Person’s Trip occurs and the area is deemed to be uninhabitable or dangerous.]

“Nearest Place of Safety” means a location determined by the Designated Security Consultant where:

1. the Covered Person can be resumed safe from the Occurrence that precipitated the Covered Person’s Political Evacuation; and
2. the Covered Person has access to Transportation; and
3. the Covered Person has the availability of temporary lodging, if needed.

“Occurrence” means any of the following situations involving a Covered Person;

1. expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country;
2. political or military events involving a Host Country, if the Appropriate Authorities issue an Advisory stating that citizens of the Covered Person’s Home Country or Country of Residence or citizens of the Host Country should leave the Host Country;
3. deliberate physical harm of the Covered Person confirmed by documentation or physical evidence or a threat against the Covered Person’s health and safety as confirmed by documentation and/or physical evidence;
- [4. Natural Disaster within seven days of an event;]
- [5. the Covered Person had been deemed kidnapped or a Missing Person by local or international authorities and, when found, his or her safety and/or well-being are in question within seven days of his or her being found.]

“Related Costs” means food, lodging and, if necessary, physical protection for the Covered Person during the Transport to the Nearest Place of Safety.

“Political Evacuation” means the extrication of a Covered Person from the Host Country due to an Occurrence which could result grave physical harm or death to the Covered Person.

“Transport” or “Transportation” means the most efficient and available method of conveyance. Where practical, economy fare will be utilized. If possible, the Covered Person’s common carrier tickets will be used.

We will not pay Political Evacuation Expense Benefits for expenses and fees:

1. payable under any other provision of the Policy.
2. that are recoverable through the Covered Person’s employer.
3. arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by the Covered Person, acting alone or in collusion with other persons.
4. arising from or attributable to an alleged:
 - a. violation of the laws of country in which the Covered Person is traveling while covered under the Policy; or
 - b. violation of the laws of the Covered Person’s Home Country or country of residence.
5. due to the Covered Person’s failure to maintain and possess duly authorized and issued required travel documents and visas.
6. for repatriation of remains expenses.

7. for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization.
8. for medical services.
9. for monies payable in the form of a ransom, if a Missing Person case evolves into a kidnapping.
10. arising from or attributable, in whole or in part, to:
 - a. a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause;
 - b. non-compliance by the Covered Person with regard to any obligation specified in a contract or license.
11. due to military or political issues if the Covered Person's Security Evacuation request is made more than 30 days after the Appropriate Authority(ies) Advisory was issued.
- [12. due to Natural Disaster.]

This Benefit does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.]

[Return of Minor Child(ren) Benefit

If the Insured, age 18 or older, is the only person traveling with minor Dependent children who are under the age of 18, and such Insured suffers an Injury [or Sickness] and must be confined in a Hospital [for at least [24-48] consecutive hours] [or if the Insured is medically evacuated to another location,][or Home Country], We will reimburse the cost of a one way economy airfare ticket [and/or ground transportation ticket] to return each minor Dependent child to his or her [Home Country][principal residence], not to exceed the Benefit Maximum shown in the Schedule of Benefits. All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation in the locality where the expense is incurred. Benefits will not be paid unless all expenses are approved in advance by Us, and services are rendered by the Company's assistance provider.]

[Seatbelt [And Airbag] Benefit

We will pay benefits shown in the Schedule of Benefits, subject to the conditions described below, when a Covered Person dies [or is dismembered] directly and independently from Injuries sustained while wearing a seatbelt and operating or riding as a passenger in an Automobile. *{If airbag benefit is included:}* [An additional benefit is provided if the Covered Person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).]

Verification of proper use of the seatbelt at the time of the Covered Accident [and that the Supplemental Restraint System properly inflated upon impact] must be a part of an official police report of the Covered Accident or be certified, in writing, by the investigating officer(s) and submitted with the Covered Person's claim to Us.

[If such certification or police report is not available or it is unclear whether the Covered Person was wearing a seatbelt [or positioned in a seat protected by a properly functioning and properly deployed Supplemental Restraint System], We will pay a default benefit shown in the Schedule of Benefits to the Insured if living, if not, then to the Covered Person's beneficiary.]

[In the case of a child, "seatbelt" means a child restraint, as required by state law and approved by the National Highway Traffic Safety Administration, properly secured and being used as recommended by its manufacturer for children of like age and weight at the time of the Covered Accident.]

["Supplemental Restraint System" means an airbag that inflates upon impact for added protection to the head and chest areas.]

"Automobile" means a self-propelled, private passenger motor vehicle with four or more wheels that is a type both designed and required to be licensed for use on the highway of any state or country. Automobile includes, but is not limited to, a sedan, station wagon, sport utility vehicle, or a motor vehicle of the pickup, van, camper, or motor-home type. Automobile does not include a mobile home or any motor vehicle that is used in mass or public transit.]

[Trip Cancellation Benefit]

We will reimburse the Covered Person for the amount of non-refundable money the Covered Person paid for his or her Trip, up to the Benefit Maximum shown in the Schedule of Benefits, if the Covered Person is prevented from taking his or her Trip or his or her Trip is interrupted as the result of Injury, [Sickness] or death that occurs prior to the Trip, or during the Trip to either the Covered Person or a Family Member.

"Family Member" means a Covered Person's parent, sister, brother, husband, wife, [or] children[, or grandparent.]

{ Only one of the following Trip Interruption Benefits may be included at the option of the Policyholder on either a case or class basis. }

[Trip Interruption Benefit I]

We will reimburse the cost of one way economy air and/or ground transportation ticket of a Covered Person's Trip, up to the Benefit Maximum shown in the Schedule of Benefits, if his or her Trip is interrupted as the result of[:

- 1.] the death of a Family Member[; or
2. the unforeseen Injury [or Sickness] of the Covered Person or a Family Member. The Injury [or Sickness] must be so disabling as to reasonably cause a Trip to be interrupted][; or
3. substantial destruction of the Covered Person's principal residence by fire or weather related activity][; or
4. a Medically Necessary covered Emergency Medical Evacuation to return the Covered Person to his or her Home Country or to the area from which he or she was initially evacuated for continued treatment, recuperation and recovery of an Injury [or Sickness].

"Family Member" means a Covered Person's parent, sister, brother, husband, wife, [or] children[, or grandparent.]

[Trip Interruption Benefit II]

We will reimburse the cost of the Covered Person's economy one way air and/or ground transportation ticket for the Covered Person to return to the area of his or her principal residence, up to the Benefit Maximum shown in the Schedule of Benefits, if his or her Trip is interrupted as the result of the death of a Family Member.

"Family Member" means a Covered Person's parent, sister, brother, husband, wife, [or] children[, or grandparent.]

SECTION 7: HAZARDS INSURED AGAINST

{ Each Hazard will be in-or-out depending on the Policyholder's selection. Each bracketed phrase will be in-or-out. The actual numerical range to be used is contained within brackets. }

We will pay benefits described in the Policy when a Covered Person suffers a loss or Injury as a result of a Covered Accident [or Sickness] during one of the Covered Activities listed in the Schedule of Benefits. We will only pay benefits if the Insured is engaged in one of the hazards described below when the Covered Accident [or Sickness] occurs. Unless otherwise specified, We will pay benefits only once for any one Covered Accident [or Sickness], even if it is covered by more than one hazard.

[Business] Travel Coverage (24 Hour Coverage)

The Covered Accident [or Sickness] must take place while:

1. traveling or making a short stay of [three-twelve] nine months or less [outside of the United States][away from the Covered Person's Home Country]; and
2. on business for the Policyholder; and
3. in the course of the Policyholder's business.

This coverage will start at the actual start of the business trip. It does not matter whether the trip starts at the Covered Person's home, place of work, or other place. It will end on the first of the following dates to occur:

1. the date a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date a Covered Person makes a Personal Deviation.

"Personal Deviation" means:

1. an activity that is not reasonably related to the Policyholder's business/activities; and
2. not incidental to the purpose of the business trip.]

[Commuting Coverage]

The Covered Accident must take place while the Insured is commuting directly between his or her home and the Policyholder's premises where he or she normally works.

Benefits will not be payable for Covered Accidents that occur more than two hours after the Insured leaves his or her home or place of employment, unless it can be conclusively established that:

1. the delay was caused by conditions beyond the Insured's control; or
2. more time was needed for normal direct commuting.]

[Exposure and Disappearance]

Coverage under this Hazard includes exposure to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that disappears, sinks or is stranded or wrecked on a trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]

[Family Accompanying the Insured Coverage]

The Covered Accident must take place while a Covered Person's Dependent:

1. is accompanying the Insured or on his or her way to join the Insured; and
2. when the trip is authorized by and/or paid for in whole or in part by the Policyholder; and
3. while the Insured is covered during the course of the coverage described in the Policy.]

[Family Relocation Trip Coverage]

The Covered Accident of an Insured's Dependent must take place during the course of the Family Relocation Trip.

“Family Relocation Trip” means a trip made by an Insured’s Dependent in connection with the Insured’s transfer or proposed transfer by the Policyholder to a new worksite. Such trip must be authorized by, or taken at the direction of, the Policyholder and/or must be paid for in whole or in part by the Policyholder.]

[[Foreign] Business Travel Coverage (24 Hour Coverage)

The Covered Accident [or Sickness] must take place while:

1. traveling or making a short stay of [three-twelve] months or less [outside of the United States][away from the Covered Person’s Home Country]; and
2. on business for the Policyholder; and
3. in the course of the Policyholder’s business.

This coverage will start at the actual start of the Trip. It does not matter whether the Trip starts at the Covered Person’s home, place of work, or other place. It will end on the first of the following dates to occur:

1. the date a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date a Covered Person makes a Personal Deviation.

“Personal Deviation” means:

1. an activity that is not reasonably related to the Policyholder’s business/activities; and
2. not incidental to the purpose of the Trip.]

[Full Occupational Coverage [(including Business Travel)]

The Covered Accident [or Sickness] must take place:

1. on the Policyholder’s premises; and
2. in the course of a Covered Person’s job[; or
3. on a business trip authorized by the Policyholder].

This coverage does not include commuting between home and the place of work.

[This coverage will start at the actual start of the trip. It does not matter whether the trip starts at the Covered Person’s home, place of work, or other place. It will end on the first of the following dates to occur:

1. the date a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date the Covered Person makes a Personal Deviation.

“Personal Deviation” means:

1. an activity that is not reasonably related to the Policyholder’s business/activities; and
2. not incidental to the purpose of the trip.]]

[Hijacking and Air Piracy Coverage

The Covered Accident [or Sickness] must take place during the:

1. hijacking of an Aircraft;
2. air piracy; or
3. unlawful seizure or attempted seizure of an Aircraft.]

[Non-Employee Director Coverage

The Covered Accident [or Sickness] must take place while the non-employee director (the Insured) is traveling to, during the course of, or returning from:

1. a meeting of the Policyholder’s management committee or other similar duties; or
2. a trip taken at the Policyholder’s request; or
3. any trip to which the Insured director received reimbursement from the Policyholder for expenses or services performed.

All such trips must be authorized by the Policyholder.

This coverage does not include:

1. commuting between the Insured's home and place of work; or
2. Personal Deviations by the Insured.

This coverage will start at the actual start of the trip. It does not matter whether the trip starts at the Insured's home, place of work, or other place. It will end on the first of the following dates to occur:

1. the date the Insured returns to his or her home;
2. the date the Insured returns to his or her place of work; or
3. the date the Insured makes a Personal Deviation.

"Personal Deviation" means:

1. an activity that is not reasonably related to the Policyholder's business; and
2. not incidental to the purpose of the trip.]

[Owned Aircraft Not Covered – Benefits will not be paid if loss occurs on an aircraft owned, leased or controlled by the Policyholder, or any of the Policyholder's affiliates. An aircraft will be deemed "controlled" by the Policyholder if the Policyholder may use it for more than 10 straight days, or more than 15 days in any year.]

**[Owned Aircraft
(Business [and Pleasure] Travel)**

The Covered Accident [or Sickness] must take place while:

1. the Covered Person is riding in, or getting on or off of, a covered aircraft; or
2. as a result of a Covered Person being struck by a covered aircraft.
3. away from the Policyholder's premises in the Covered Person's city of permanent assignment;
4. on business for the Policyholder; and
5. in the course of the Policyholder's business.

This coverage will start at the actual start of the trip. It does not matter whether the trip starts at the Covered Person's home, place of work, or other place. It will end on the first of the following dates to occur:

1. the date a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date a Covered Person makes a Personal Deviation.

"Personal Deviation" means:

1. an activity that is not reasonably related to the Policyholder's business/activities; and
2. not incidental to the purpose of the trip.

Any Exclusion contained in Section 9 pertaining to air travel is waived only to the extent of the specific circumstances contained in this Hazard and is still in force for all other circumstances.]

**[Pilots' [and Crew Members'] Coverage
(Business [and Pleasure] Travel)**

The Covered Accident [or Sickness] must take place while:

1. traveling as a licensed pilot [or member of the crew];
2. on business for the Policyholder; and
3. in the course of the Policyholder's business.

[All such trips must be authorized by the Policyholder.]

The Covered Accident [or Sickness] must take place while a Covered Person is flying as a licensed pilot [or member of the crew] of the aircraft described below.

[Description of Aircraft Covered:

{The Schedule of Benefits will list type of Aircraft, license number and passenger seating capacity.}

[e.g. Boeing 727, License # PA12345, passenger seating capacity: 45]]

Any Exclusion contained in Section 9 pertaining to air travel is waived only to the extent of the specific circumstances contained in this Hazard and is still in force for all other circumstances.]

**[Private Passenger Automobile Coverage
(Business [and Pleasure] Travel)**

We will pay the benefits described in the Policy for any Injuries caused by a Covered Accident that happens while a Covered Person is operating, as a licensed driver, a private passenger automobile.

We will not pay benefits if:

1. the automobile was being used as a taxicab, bus, or other public conveyance; or
2. the Covered Person was driving for pay or hire; or
3. the Covered Person was taking part in a race of speed contest.

Unless otherwise specified, We will pay benefits only once for a Covered Accident.]

**[Scheduled Airlines and Military Air Transport Coverage
(Business [and Pleasure] Travel)**

The Covered Accident [or Sickness] must take place while on the business of the Policyholder, and:

1. while riding as a passenger in or on (including getting in or out of, or on or off of):
 - a. any civilian aircraft operated by any scheduled air carrier, but only if the civilian aircraft is then being used for any chartered flight operated by the scheduled air carrier; or
 - b. any Military Air Transport Aircraft; or
2. by being struck or run down by any aircraft; or
3. while riding as a passenger in or on (including getting in or out of, or on or off of), any land or water conveyance licensed for the transportation of passengers for hire, but only while traveling directly to an airport immediately before departure, or directly from an airport immediately after arrival, of an aircraft that is to be used by, or that was used by, the Covered Person as described in 1 above.

Any Exclusion contained in Section 9 pertaining to air travel is waived only to the extent of the specific circumstances contained in this Hazard and is still in force for all other circumstances.]

[Specified Trip Coverage (24 Hour Coverage)

The Covered Accident [or Sickness] must take place while:

1. traveling or making a short stay of [three-twelve] months or less [outside of the United States][away from the Covered Person's Home Country]; and
2. on business for {the Policyholder }; and
3. in the course of the Policyholder's business; and
4. on the trip described in the Schedule of Benefits.

[This coverage will start at the actual start of the trip. It does not matter whether the trip starts at the Covered Person's home, place of work, or other place. It will end on the first of the following dates to occur:

1. the date a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date a Covered Person makes a Personal Deviation.

"Personal Deviation" means:

1. an activity that is not reasonably related to the Policyholder's business/activities; and
2. not incidental to the purpose of the trip.]]

[Sponsored Activities

The Covered Accident [or Sickness] must take place:

1. on the premises of the Policyholder during normal hours of operation; or
2. on the premises of the Policyholder during other periods if attending or participating in a Covered Activity; or
3. away from the premises of the Policyholder while attending or participating in a Covered Activity at its scheduled site.

[Travel Coverage: The Covered Activity includes travel without deviation or interruption between home and the site of the Covered Activity.

Benefits are paid as described in the Policy if the Covered Accident [or Sickness] occurs while the Covered Person is in a vehicle:

1. operated by a properly licensed driver over the age of [19, 21, 23, 24, 25] who is under the direct supervision of the Policyholder; and
2. travel time does not exceed [1 –24] hours each way.

Travel time includes the time:

1. to or from home and the premises of the Covered Activity;
2. before the appointed time; and
3. after the Covered Activity is completed.]]

[24 Hour Coverage

We will pay the benefits described in the Policy when a Covered Person suffers a Covered Loss any time while insured by the Policy. Unless otherwise specified, We will pay benefits only once for a Covered Loss.]

[Aircraft Restrictions

If the Covered Accident happens while a Covered Person is riding in, or getting on or off of, an aircraft, We will pay benefits, but only if:

- [1. he or she is riding as a passenger only, and not as a pilot or member of the crew; and]
- [2.] the aircraft has a valid certificate of airworthiness; and
- [3.] the aircraft is flown by a pilot with a valid license; and
- [4.] the aircraft is not being used for: (i) crop dusting, spraying, or seeding; fire fighting; sky writing; sky diving or hang gliding; pipeline or power line inspection; aerial photography or exploration; racing, endurance tests, stunt or acrobatic flying; or (ii) any operation which requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on).
5. a military aircraft, other than transport aircraft flown by the U.S. Military Airlift Command (MAC), or a similar air transport service of another country.]

SECTION 8: SCOPE OF COVERAGE

{Benefits may be available on a limited primary, primary excess, limited primary excess, or fully excess basis at the election of the Policyholder. Based on this election the appropriate text will be included in the policy when issued.}

[Limited Primary Benefits

We pay the first [\$100 to \$1,000] of covered Medical Expenses:

1. after the Covered Person satisfies any Deductible; and
2. based on Our pro rata share.

“Pro rata” means the portion of the total benefits payable under the Policy, in the absence of other insurance, relative to the total benefits payable under all Health Care Plans. In no event will the total benefits payable exceed 100% of the incurred expense.

No further benefits will be paid until a Covered Person has incurred an additional [\$500-\$10,000] of Covered Expenses. We then pay Covered Expenses described in the Policy without regard to any other Health Care Plan.]

[Primary Excess Benefits

We pay the first [\$100 to \$500] of covered Medical Expenses without regard to any other Health Care Plan benefits payable for the Covered Person. We will then pay expenses:

1. after the Covered Person satisfies any Deductible; and
2. only when they are in excess of any amounts payable by any other Health Care Plan.

We pay benefits without regard to any Coordination of Benefits provisions in any other Health Care Plan.]

[Limited Primary Excess Benefits

We pay the first [\$100 to \$1,000] of covered Medical Expenses:

1. after the Covered Person satisfies any Deductible; and
2. based on Our pro rata share.

“Pro rata” means the portion of the total benefits payable under the Policy, in the absence of other insurance, relative to the total benefits payable under all valid and collectible Health Care Plans. In no event will the total benefits payable exceed 100% of the incurred expense. No further benefits will be paid until a Covered Person has incurred an additional [\$500-\$10,000] of Covered Expenses. We will then only pay benefits in excess of all other valid and collectible Health Care Plan benefits. This means that we will only pay if such other benefits are used up regardless of any Coordination of Benefits provision of any other plan.]

[Full Excess Benefits

We pay Covered Expenses:

1. after the Covered Person satisfies any Deductible; and
2. only when they are in excess of amounts paid by any other Health Care Plan.

We pay benefits without regard to any Coordination of Benefits provisions in any other Health Care Plan.]

[Coordination of Benefits

If a Covered Person is eligible for benefits under this policy and any other plan, We will pay benefits as explained in this provision.

“Plan” means a group insurance plan or health service corporation group membership plan or any other group benefit plan providing medical or dental care benefits or services. These group coverages include: a) group or blanket insurance coverage, or any other group type contract or

provision; b) service plan contracts, group practice and other pre-payment group coverage; c) any coverage under labor-management trustee plans, union welfare plans, employer and employee plans; and coverage under any government program, including Medicare, and any coverage required or provided by law. A primary plan pays benefits first. A secondary plan pays a reduced amount of benefits that when added to the benefits paid by the primary plan will not be more than the Allowable Expenses.

“Allowable Expenses” means any necessary, reasonable and customary item of expense, a part of which is covered by at least one of the Plans covering the Covered Person. During any Policy year or benefit period, the sum of the benefits that are payable by Us and those benefits that are payable from another Plan may not be more than the Allowable Expenses. During any Policy year or benefit period, We may reduce the amount We pay so that this reduced amount plus the amount payable by the other Plans will not be more than the Allowable Expenses.

Allowable Expenses under the other Plan include benefits that would have been payable if a claim had been made. However, if: 1) the other Plan contains a section that provides for determining its benefits after Our benefits have been determined; and 2) the order of benefit determination stated in this Policy would require Us to determine benefits before the other Plan, then the benefits of such other Plan will be ignored in determining the benefits We will pay.

This Policy determines its order of benefits using the first of the following rules that applies:

1. If the other Plan does not have a Coordination of Benefits, that Plan pays first.
2. The benefits of the Plan that covers the person as an employee, member or subscriber are determined before those of the Plan that covers the person as a Dependent.
3. If this Policy and another Plan cover the same child as a Dependent of different parents who are not divorced or separated or divorced:
 - A. the benefits of the Plan of the parent whose birthday falls earlier in the year (without regard to the year of birth) are paid before the benefits of the Plan of the parent whose birthday falls later in the year;
 - B. if both parents have the same birthday, the benefits of the Plan that covered the parent longer pays benefits before the benefits of the Plan that covered the other parent for a shorter time. However, if the Plans do not agree on the order of benefits, the rule of the other Plan will determine the order of benefits.
4. If two or more Plans cover a person as a Dependent child of divorced or separated parents, benefits will be determined in this order:
 - A. first, the Plan of the parent with custody of the child;
 - B. then, the Plan of the spouse of the parent with custody of the child; and
 - C. finally, the Plan of the parent not having custody of the child.
5. If none of the above rules determines the order of benefits, the benefits of the Plan that covered an employee, member or subscriber longer are determined before those of the Plan that covered that person for the shorter time.

In order to determine how this provision should apply, We may without further consent or notice release to, or obtain from, any other insurance company or organization, any necessary information. Any person claiming benefits under the Policy shall give Us the information We need to implement this provision. We will give the Insured notice of this exchange of claim and benefit information when the claim is filed. Whenever payments are made by another Plan that should have been paid under the Policy, We shall pay any amount required to satisfy our share of the benefits paid. Any amounts paid in this way will be considered benefits paid under the Policy. Any payment made in good faith will end our liability to the extent of the payment.

If We pay benefits for Allowable Expenses that exceed our obligation under this provision, We may recover the excess payment. We may recover these excess payments from any person, for

whom benefits were paid, or to any person or organization to which benefits were paid, or from any other insurer, service plan or other organization.]

SECTION 9: EXCLUSIONS

{Each Exclusion may be included as shown or deleted based on the plan of benefits selected by the Policyholder. Bracketed phrases will be included as shown or deleted.}

We will not pay benefits for any [Accidental Death and Dismemberment] loss or Injury that is caused by, or results from:

- [1. intentionally self-inflicted Injury.]
- [2. suicide or attempted suicide.]
- [3. war or any act of war, whether declared or not.]
- [4. service in the military, naval or air service of any country.]
- [5. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.]
- [6. piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.]
- [7. commission of, or attempt to commit, a felony, an assault or other illegal activity.]
- [8. active participation in a riot, or insurrection.]
- [9. *{Each item here will be in-or-out.}* bungi-cord jumping, parachuting, skydiving, parasailing, hang-gliding, motorcycling, scuba diving, jet, snow or water skiing, mountain climbing (where ropes or guides are used), amateur racing, piloting an aircraft, spelunking, whitewater rafting, surfing, and parasailing..]
- [10. flight in, boarding or alighting from an aircraft or any craft designed to fly above the Earth's surface, except as:
 - [a. a fare-paying passenger on a regularly scheduled commercial or charter airline];
 - [b. a passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight];
 - [c. a passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent].
- [11. flight in, boarding or alighting from an aircraft or any craft designed to fly above the Earth's surface]:
 - [a. except as a fare-paying passenger on a regularly scheduled commercial airline];
 - [b. being flown by the Covered Person or in which the Covered Person is a member of the crew];
 - [c. being used for: *{Each item below will be in-or-out.}*
 - [i. crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying]; or
 - [ii. any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on);]
 - [d. designed for flight above or beyond the earth's atmosphere];
 - [e. an ultra-light or glider];
 - [f. being used for the purpose of parachuting or skydiving];
 - [g. being used by any military authority, except an aircraft used by the Air Mobility Command or its foreign equivalent.]
- [12. travel in or on any on-road or off-road motorized vehicle not requiring licensing as a motor vehicle.]

- [13. an Accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participating in Driver's Education Program.]
- [14. medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice.]
- [15. travel in any aircraft owned, leased or controlled by the Policyholder[, or any of its subsidiaries or affiliates. An aircraft will be deemed to be "controlled" by the Policyholder if the aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year.]]
- [16. the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred.]
- [17. alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Doctor.]
- [18. an Accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.]
- [19. a cardiovascular malfunction or stroke caused solely and exclusively by exertion, as verified by a Doctor, while the Covered Person participates in a Covered Activity.]
- [20. aggravation, during a Covered Activity, of an injury the Covered Person suffered before participating in that Covered Activity, unless We receive a written medical release from the Covered Person's Doctor prior to engaging in the Covered Activity.]
- [21. flight in any aircraft owned or leased by the Policyholder.]
- [22. the Covered Person being under the influence of drugs or intoxicants, unless taken under the advice of a Doctor.]
- [23. Injury [or Sickness] where the Covered Person's Trip to the host country is undertaken for treatment or advice for such Injury [or Sickness], except as provided in the Policy.]

{Different Exclusion may apply to Medical Expense Benefits, so each Exclusion may be included as shown or deleted based on the plan of benefits selected by the Policyholder. Bracketed phrases will be included as shown or deleted.}

[In addition to the exclusions above, We will not pay Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:

- [1. intentionally self-inflicted Injury.]
- [2. suicide or attempted suicide.]
- [3. war or any act of war, whether declared or not.]
- [4. Pre-Existing Conditions, as defined herein.]
- [5. treatment [by persons employed or retained by a Policyholder, or] by any Immediate Family Member or member of the Covered Person's household.]
- [6. treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances.]
- [7. [treatment of hernia,] [Osgood-Schlatter's Disease,] [osteochondritis,] [appendicitis,] [osteomyelitis,] [cardiac disease or conditions,] [pathological fractures,] [congenital weakness,] [detached retina unless caused by an Injury,] [or mental disorder or psychological or psychiatric care or treatment,] [whether or not caused by a Covered Accident [or Sickness]].]
- [8. pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions. This does not apply if treatment is required as a result of a Covered Accident.]
- [9. mental and nervous disorders].]
- [10. damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the Policy).]

- [11. expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofacial pain.]
- [12. Injury or Sickness covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits [or while engaging in activity for monetary gain from sources other than the Policyholder].]
- [13. Injury or loss contributed to by the use of drugs unless administered by a Doctor.]
- [14. Injury or death to which a contributing cause is the Covered Person's violation or attempt to violate any duly-enacted law[, or the commission or attempt to commit an assault or a felony][, or that occurs while the Covered Person is engaged in an illegal occupation].]
- [15. Injury or death caused while riding in or on, entering into or alighting from, or being struck by a 2 or 3-wheeled motor vehicle or a motor vehicle not designed primarily for use on public streets and highways.]
- [16. blood, blood plasma,] [or blood storage,] except expenses by a Hospital for processing or administration of blood.]
- [17. cosmetic surgery, except for reconstructive surgery needed as the result of an Injury [or Sickness].]
- [18. any elective treatment, surgery, health treatment, or examination[, including any service, treatment or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States].]
- [19. [eyeglasses], [contact lenses], [hearing aids], [wheelchairs], [braces], [appliances], [examinations or prescriptions for them], [or repair or replacement of [existing] artificial limbs], [orthopedic braces], or [orthotic devices].]
- [20. expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited).]
- [21. treatment of Injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in the Covered Activity.]
- [22. treatment or service provided by a private duty nurse.]
- [23. replacement of [artificial limbs], [eyes] [and] [larynx].]
- [24. eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless caused by an Injury incurred while covered under the Policy.]
- [25. covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.]
- [26. conditions that are not caused by a Covered Accident [or Sickness].]
- [27. participation in any activity or hazard not specifically covered by the Policy.]
- [28. any treatment, service or supply not specifically covered by the Policy.]
- [29. any treatment, services or supplies received by the Covered Person that are incurred or received while he or she is in his or her Home Country.]
- [30. personal comfort or convenience items. These include but are not limited to: Hospital telephone charges; television rental; or guest meals.]
- [31. pregnancy or childbirth. This does not apply if treatment is required as a result of a Covered Accident.]
- [32. routine nursery care.]
- [33. routine physicals.]
- [34. cosmetic or plastic surgery, except as a result of Injury.]
- [35. elective surgery.]
- [36. any mental or nervous disorder or rest cures.]
- [37. substance abuse. This includes abuse of alcohol, drugs or any narcotic agent.]
- [38. birth defects and congenital anomalies; or complications which arise from such conditions.]
- [39. new eye glasses or contact lenses; eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses; or repair or replacement of existing eye glasses or contact lenses.]
- [40. routine dental care and treatment.]
- [41. expenses incurred during holiday travel.]

- [42. rest cures or custodial care.]
- [43. any condition for which the Covered Person is entitled to benefits under any Workers' Compensation Act or similar law (applies only if Occupational Coverage is selected).]
- [44. organ or tissue transplants and related services.]
- [45. Injury [or Sickness] that occurs while the Covered Person has been determined to be legally intoxicated as determined according to the laws of the jurisdiction in which the Injury [or Sickness] occurred, or under the influence of any narcotic, barbiturate, or hallucinatory drug, unless administered by a Doctor and taken in accordance with the prescribed dosage.]
- [46. Injury sustained while participating in [amateur], [club], [intramural], [interscholastic], [intercollegiate], [professional] [or] [semiprofessional sports].]
- [47. confinement or institutional care.]
- [48. maternity and routine nursery care.]
- [49. any expenses covered by any other employer or government sponsored plan for which, and to the extent that the Covered Person is eligible for reimbursement.]
- [50. services, supplies, or treatment including any period of Hospital confinement which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses which are non-medical in nature.]
- [51. treatment relating to birth defects and congenital conditions, or complications arising from those conditions.]
- [52. sexually transmitted diseases or immune deficiency disorders and related conditions. This exclusion does not apply to the care or treatments of Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immunodeficiency Virus (HIV) infection, or any illness or disease arising from these medical conditions.]
- [53. expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered Injury [or Sickness].]
- [54. expenses incurred for birth control including surgical procedures and devices.]
- [55. [nasal or sinus surgery, except surgery made necessary as the result of a covered Injury] [a deviated nasal septum including sub mucous resection and surgical correction thereof.]]
- [56. expenses incurred in connection with weak, strained or flat feet, corns, calluses or toenails.]
- [57. treatment of acne.]

SECTION 10: CLAIM PROVISIONS

Notice Of Claim: A claimant must give Us or Our authorized representative written (or authorized electronic or telephonic) notice of claim within 90 days after any loss covered by the Policy occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify the Covered Person and the Policy Number.

Claim Forms: Upon receiving written notice of claim, We will send claim forms to the claimant within 15 days. If We do not furnish such claim forms, the claimant will satisfy the requirements of written proof of loss by sending the written (or authorized electronic or telephonic) proof as shown below. The proof must describe the occurrence, extent and nature of the loss.

Proof Of Loss: Written (or authorized electronic or telephonic) proof of loss must be sent to the agent authorized to receive it. Written (or authorized electronic or telephonic) proof must be given within 90 days after the date of loss. If it cannot be provided within that time, it should be sent as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted if it is sent later than one year from the time proof is otherwise required.

Claimant Cooperation Provision: Failure of a claimant to cooperate with Us in the administration of a claim may result in the delay or termination of a claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Time Payment Of Claims: Any benefits due will be paid immediately after We receive written (or authorized electronic or telephonic) proof of loss.

Payment Of Claims: If the Covered Person dies, any death benefits or other benefits unpaid at the time of the Covered Person's death will be paid to the beneficiary. If no beneficiary is on record with Us or Our authorized agent, payment will be made to the first surviving class of the following to the Covered Person's:

1. spouse;
2. children, in equal shares (If a child is a minor, benefits will be paid to the legal guardian);
3. mother or father;
4. estate.

All other benefits due and not assigned will be paid to the Covered Person, if living.

Otherwise, the benefits may, at our option, be paid:

1. according to the beneficiary designation; or
2. to the Covered Person's estate.

If a benefit due is payable to:

1. the Covered Person's estate; or
2. the Covered Person or a beneficiary who is either a minor or is not competent to give a valid release for the payment,

We may pay any amount due to some other person. The other person will be one who we believe is entitled to the payment and who is related to the Covered Person or the beneficiary by blood or marriage. We will be relieved of further responsibility to the extent of any payment made in good faith.

[We may pay benefits directly to any Hospital or person rendering covered services, unless the Covered Person requests otherwise in writing. The Covered Person must make the request no later than the time he or she files a written proof of loss.]

Beneficiary: The Insured may designate a beneficiary. The Insured has the right to change the beneficiary at any time by written (or electronic and telephonic) notice. If the Insured is a minor, his or her parent or guardian may exercise this right for him or her. The change will be effective when We or Our authorized agent receive it. When received, the effective date is the date the notice was signed. We are not liable for any payments made before the change was received. We cannot attest to the validity of a change.

[The Insured is the beneficiary for any covered Dependent.]

Assignment: At the request of the Covered Person or his or her parent or guardian, if the Covered Person is a minor, medical benefits may be paid to the provider of service. Any payment made in good faith will end our liability to the extent of the payment.

Physical Examinations And Autopsy: We have the right to have a Doctor of Our choice examine the Covered Person as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being paid. We also have the right to request an autopsy in the case of death, unless the law forbids it. We will pay the cost of the examination or autopsy.

Legal Actions: No lawsuit or action in equity can be brought to recover on the Policy: (1) before 60 days following the date proof of loss was given to Us; or (2) after 3 years following the date proof of loss is required.

[Recovery of Overpayment or Error: If benefits are overpaid, or paid in error, We have the right to recover the amount overpaid, or paid in error, by any or all of the following methods:

1. A request for lump sum payment of the amount overpaid, or paid in error.
2. Reduction of any proceeds payable under the Policy by the amount overpaid, or paid in error.
3. Taking any other action available to Us.]

[Subrogation: We may recover any benefits paid under the Policy to the extent a Covered Person is paid for the same Injury [or Sickness] by a third party, another insurer, or the Covered Person's uninsured motorists insurance. We may only be reimbursed to the amount of the Covered Person's recovery. Further, We have the right to offset future benefits payable to the Covered Person under the Policy against such recovery.

We may file a lien in a Covered Person's action against the third party and have a lien on any recovery that the Covered Person receives whether by settlement, judgment, or otherwise, and regardless of how such funds are designated. We shall have a right to recovery of the full amount of benefits paid under the Policy for the Injury [or Sickness], and that amount shall be deducted first from any recovery made by the Covered Person. We will not be responsible for the Covered Person's attorney's fees or other costs.

Upon request the Covered Person must complete the required forms and return them to Us or Our authorized agent. The Covered Person must cooperate fully with Us or Our representative in asserting its right to recover. The Covered Person will be personally liable for reimbursement to Us to the extent of any recovery obtained by the Covered Person from any third party. If it is necessary for Us to institute legal action against the Covered Person for failure to repay Us, the Covered Person will be personally liable for all costs of collection, including reasonable attorneys' fees.]

SECTION 11: PREMIUM PROVISIONS

Premiums: The premiums for the Policy will be based on the rates currently in force, the plan, and amount of insurance in effect.

Changes In Premium Rates: We may change the premium rates from time to time with at least [31-60] days advanced written notice. No change in rates will be made until [12-24] months after the Policy Effective Date. [An increase in rates will not be made more often than once in a [6-12] month period.] However, We reserve the right to change rates at any time if any of the following events take place.

1. The terms of the Policy change.
2. A division, subsidiary, affiliated organization or eligible class is added or deleted from the Policy.
3. There is a change in the factors bearing on the risk assumed.
4. There is a misrepresentation in the information We relied on in establishing the rate.
5. Any federal or state law or regulation is amended to the extent it affects Our benefit obligation.

If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a pro rata adjustment will apply from the date of the change to the next Premium Due Date.

Payment of Premium: The first premium is due on the Policy Effective Date. After that, premiums will be due annually unless We agree with the Policyholder on some other method of premium payment. The Policyholder shall remit the premium to Us.

If any premium is not paid when due, the Policy will be canceled as of the Premium Due Date, except as provided in the Policy Grace Period section.

Policy Grace Period: A Policy Grace Period of 31 days will be granted for the payment of the required premiums. The Policy will remain in force during the Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end upon the expiration of the Grace Period. The Policyholder will be liable to Us for any unpaid premium for the time the Policy was in force.

SECTION 12: GENERAL PROVISIONS

Entire Contract; Changes: The Policy (including any endorsements or amendments), and the signed application of the Policyholder are the entire contract. Any statements made by the Policyholder or Covered Persons will be treated as representations and not warranties. No such statement shall void the insurance, reduce the benefits, or be used in defense of a claim for loss incurred unless it is contained in a written application and a copy is provided to the person who made such statement (or their beneficiary or representative).

To be valid, any change or waiver must be in writing. It must be signed by our President or Secretary and be attached to the Policy. No agent has authority to change or waive any part of the Policy.

Policy Effective Date And Termination Date: The Policy begins on the Policy Effective Date at 12:01 AM Standard Time at the address of the Policyholder where the Policy is delivered. Policyholder Either We or the Policyholder may terminate the Policy on any Premium Due Date by giving 31 days advance written notice to the other party. The Policy may be terminated at any time by mutual written consent of the Policyholder and Us. The Policy terminates automatically on the earlier of: 1) the end of the Policy Term shown in the Schedule of Benefits; or 2) the Premium due date if Premiums are not paid when due, subject to the Grace Period. Termination takes effect at 12:01 AM Standard Time at the Policyholder's address on the date of termination.

Clerical Error: If a clerical error is made, it will not affect the insurance of any Covered Person. No error will continue the insurance of a Covered Person beyond the date it should end under the Policy terms.

{The Reporting Requirements provision will be included as shown or deleted.}

[Reporting Requirements

the Policyholder or its authorized agent must report all of the following to Us by the premium due date:

1. the names of all persons insured on the Policy Effective Date;
2. the names of all persons who are insured after the Policy Effective Date;
3. the names of those persons whose insurance has terminated;
4. any additional information required by Us.]

Examination Of Records And Audit: We shall be permitted to examine and audit the Policyholder's books and records at any time during the term of the Policy and within 2 years after the termination of the Policy as they relate to the premiums or subject matter of this insurance.

Certificates Of Insurance: Where it is required by law, or upon the request of the Policyholder, We will make available certificates outlining the insurance coverage and to whom benefits are payable under the Policy.

Conformity With State Laws: On the effective date of the Policy, any provision that is in conflict with the laws in the state where it is issued is amended to conform to the minimum requirements of such laws.

Not In Lieu Of Workers' Compensation: The Policy is not a Workers' Compensation policy. It does not provide Workers' Compensation benefits.



Starr Indemnity & Liability Company

BLANKET BUSINESS TRAVEL CERTIFICATE OF INSURANCE

POLICYHOLDER: [ABC Employer]

POLICY NUMBER: [12345]

POLICY EFFECTIVE DATE: [December 1, 2009]

[POLICY ANNIVERSARY DATE: [December 1]]

POLICY TERM: [December 1, 2009 – December 1, 2009]

STATE OF DELIVERY: [Any State]

CERTIFICATE EFFECTIVE DATE: [December 1, 2009]

This Certificate is evidence of the Insured's insurance under the Policy that We have issued to the Policyholder as shown above. The provisions of the Policy are summarized in this Certificate. This Certificate replaces any other Certificate We may have provided earlier under the Policy. The Policy alone is the only contract under which payment will be made. The Policy may be inspected at the office of the Policyholder.

The Policy is governed by the laws of the state in which it is delivered.

Signed for Starr Indemnity & Liability Company By:

[Richard N. Shaak], President

[Honora M. Keane], General Counsel

**LIMITED BENEFITS: THE POLICY PAYS BENEFITS FOR SPECIFIC LOSSES
DURING THE HAZARDS SHOWN IN THE SCHEDULE OF BENEFITS ONLY.
PLEASE READ THE CERTIFICATE CAREFULLY.**

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SECTION 1: SCHEDULE OF BENEFITS

POLICYHOLDER: [ABC Employer]

POLICY NUMBER: [12345]

POLICY EFFECTIVE DATE: [December 1, 2009]

[POLICY ANNIVERSARY DATE: [December 1]]

POLICY TERM: [December 1, 2009 – December 1, 2009]

PREMIUM DUE DATE: [Annually in advance on Anniversary Date]

{The Aggregate Limit is optional and applies on the case level.}

[AGGREGATE LIMIT:

Benefit Maximum: \$[1,000,000 – \$100,000,000]

We will not pay more than the Benefit Maximum for all losses per Covered Accident. If, in the absence of this provision, We would pay more than Benefit Maximum for all losses from one Covered Accident, then the benefits payable to each person with a valid claim will be reduced proportionately, so the total amount We will pay is the Benefit Maximum.]

{Class definitions are variable and defined by the Policyholder.}

CLASSES OF ELIGIBLE PERSONS:

[A person may be insured only under one Class of Eligible Persons even though he or she may be eligible under more than one class.] [Also, a person may not be insured as a Dependent and an Insured at the same time.]

[Class 1: Employees of the Policyholder [traveling outside of the United States].]

{If there is more than one class eligible under the Policy a Schedule of Benefits may be presented for each class if benefit applicability, amounts and duration differ by class or it may be presented in the aggregate as shown below.}

HAZARDS INSURED AGAINST:

{The title of each Hazard Insured Against from Section 7 will be included here, (e.g. Business Travel, Specified Trip Coverage, etc.) based on the selections of the Policyholder.}

DESCRIPTION OF BENEFITS

{Each bracketed benefit or provision will be in-or-out (in if selected by the Policyholder, otherwise omitted.) Each bracketed phrase will be in-or-out. Bracketed numeric ranges shown are the actual ranges to be used.}

[ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

Principal Sum: [\$1,000-\$10,000,000]

Time Period for Loss from date of Accident: [90-365] days

Covered Losses: See Benefit

[Age-based Reductions: See Benefit]]

{Medical Expense benefits may be available on an unallocated or allocated basis, that is to say there may be specific limits or coinsurance rates on certain Covered Expenses (allocated) or all Covered Expenses may be subject to the same maximum limit and coinsurance rate (unallocated) as shown.}

[MEDICAL EXPENSE BENEFITS

Total Maximum for all Medical Expense Benefits: [\$1,000-\$1,000,000]

Deductible: [\$0-\$5,000]

Co-insurance Rate: [60, 70, 80, 100]% of all Covered Expenses }

Maximum Benefit Period: [length of trip, 6 months, 1 year]
from the date of the Covered Accident [or Sickness]

[Emergency Medical Evacuation Benefit

Benefit Maximum: [\$5,000-Actual Cost]

Deductible: [\$0-\$250]]

[Repatriation of Remains Benefit

Benefit Maximum: [\$5,000-Actual Cost]

Deductible: [\$0-\$250]]

[ADDITIONAL BENEFITS

{The following Additional Benefits are optional and may apply on the case or class basis at the option of the Policyholder. Each benefit will be in-or-out and bracketed phrases will be in-or-out. Bracketed numeric ranges shown are the actual ranges to be used.}

[Coma Benefit: [\$1,000-\$100,000] {or} [[1-10]% of Principal Sum]]

[Common Accident Benefit

Covered Spouse Benefit: [50-100%] of the Insured's Principal Sum [subject to a maximum of [\$50,000-\$500,000]]]

[Common Carrier Benefit: { Variable, e.g. \$1,000}[10-100]% of Principal Sum]

[Disability Benefit

Benefit Waiting Period: [3- 365] days}

Maximum Benefit Period: [26 weeks-260 weeks]

Amount of Benefit: [50-100]% of pre-disability earnings minus any Other
Income Benefits received on account of disability including current earnings.]

[Felonious Assault Benefit: [10%-100]% of Principal Sum]

[Felonious Assault and Violent Crime Benefit

Accidental Death and Dismemberment Benefit: [10-100]% multiplied by the
portion of the Principal Sum applicable to the Covered Loss, as shown in the
Schedule of Benefits.]

[Hospital Confinement Benefit:

Daily Benefit: [\$25-\$1,000]

Time Period for Confinement: [14-60] days

Benefit Waiting Period: [0-14] days

Maximum Benefit Period: [7-365] days]

[Seatbelt [and Airbag] Benefit:

[Full Seatbelt Benefit: [5-25]% of Principal Sum]

[Airbag Benefit: [5-25]% of Principal Sum]

[Default Benefit: [\$1,000-\$10,000]]]

[Chaperone Replacement Benefit

Benefit Maximum: [\$1,000-\$10,000]]

[Emergency Reunion Benefit I

Benefit Maximum: [\$1,000-\$10,000]]

[Emergency Reunion Benefit II

Benefit Maximum: [\$1,000-\$10,000]

Daily Benefit Maximum: [\$25-\$500]

Maximum Number of Days: [5-30] days]

[Extended Benefit Option

Benefit Maximum: [\$1,000-\$100,000]

Deductible: [\$0-\$5,000]

Co-insurance Rate: [60,70,80,100]%]

[Family Reunion Benefit

Benefit Maximum: [\$1,000-\$10,000]]

[Home Country Benefit I

Benefit Maximum: [\$1,000-\$100,000]

Deductible: [\$0-\$5,000]

Co-insurance Rate: [60,70,80,100]%]

[Home Country Benefit II

Benefit Maximum: [\$1,000-\$100,000]

Deductible: [\$0-\$5,000]

Co-insurance Rate: [60,70,80,100]%]

[Home Country Emergency Benefit

Benefit Maximum: [\$1,000-\$100,000]

Deductible: [\$0-\$5,000]

Co-insurance Rate: [60,70,80,100]%]

[Home Country Extension Benefit

Benefit Maximum: [\$1,000-\$100,000]

Deductible: [\$0-\$5,000]

Co-insurance Rate: [60,70,80,100]%]

[Lost Baggage Benefit

Benefit Maximum: [\$500-\$15,000]

Deductible: [\$0-\$1,000]]

[Permanent Total Disability Benefit

Amount of Benefit: [1-100]% of Principal Sum [Monthly]]

[Personal Property Benefit

Benefit Maximum: [\$500-\$15,000]

Deductible: [\$0-\$1,000]]

[Personal Property and Financial Instrument Reimbursement Benefit

Deductible per Occurrence: [\$0-\$1,000]

Personal Property Benefit Maximum: [\$500-\$15,000]

Benefit Maximum for Any One or Set of Articles: [\$250-\$15,000]

Financial Instrument Benefit Maximum: [\$250-\$10,000]

Benefit Maximum for Cash: [\$100-\$1,000]]

[Political Evacuation Benefit

Benefit Maximum: [\$10,000-\$500,000]]

[Return Minor Child(ren) Benefit

Benefit Maximum: [\$1,000-\$10,000]]

[Trip Cancellation Benefit

Benefit Maximum: [\$500-\$10,000]]

[Trip Interruption Benefit I

Benefit Maximum: [\$500-\$10,000]]

[Trip Interruption Benefit II

Benefit Maximum: [\$500-\$10,000]]

[INITIAL PREMIUM RATES:

{Determined on the basis of the plan design selected by the Policyholder.}

[\$XXX.XX per year]]

SECTION 2: DEFINITIONS

{Each bracketed Definition will be in-or-out and bracketed phrases will be in-or-out. Bracketed numeric ranges shown are the actual ranges to be used.}

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits.

“Accident” means a sudden, unexpected and unintended event.

{This definition will be included if active service requirements apply to eligibility or the effective date of insurance.}

[“Active Service” means a Covered Person is either 1) actively at work performing all the regular duties on a full-time basis either at his or her employer’s place of business or some place

the employer requires him or her to be; or 2) if not employed, able to engage in substantially all of the usual activities of a person in good health of like age and sex and not confined in a Hospital or rehabilitation or rest facility.]

“Covered Accident” means an Accident that occurs while coverage is in force for a Covered Person and results in a loss or Injury covered by the Policy for which benefits are payable.

{This definition will be included if coverage is provided for specific hazards and not solely on a 24-hour basis}

[“Covered Activity” means any activity that the Policyholder requires the Covered Person to attend, or that is under its supervision and control listed in the Schedule of Benefits and insured under the Policy.]

{This definition will be included if Medical Expense Benefits are included in the policy when issued.}

[“Covered Expenses” means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies covered by the Policy. Coverage under the Policyholder’s Policy must remain continuously in force from the date of the Accident [or Sickness] until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.]

{This definition will be included if Accidental Death and Dismemberment Benefits are included in the policy when issued.}

[“Covered Loss” or “Covered Losses” means an accidental death, dismemberment or other Injury covered under the Policy.]

{The bracketed part of this definition will be included if coverage is available for dependents.}

“Covered Person” means any Insured [and Dependent] for whom the required premium is paid.]

{This definition will be included if Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are included in the policy when issued.}

[“Deductible” means the dollar amount of Covered Expenses that must be incurred as an out of-pocket expense by each Covered Person on a per [Injury, Accident, Policy Term or Sickness] basis before Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under the Policy.]

{This definition will be included if Dependents’ coverage is included under the policy when issued.}

[“Dependent” means an Insured’s lawful spouse [under age 70][or Domestic Partner]; or an Insured’s unmarried child, from the moment of birth to age 25, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured’s natural child; adopted child, beginning with any waiting period pending finalization of the child’s adoption; or a stepchild who resides with the Insured or depends chiefly on the Insured for financial support. [A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code.]

Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped, 2) is not capable of self-support and 3) depends chiefly on the Insured for support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.]

{This definition will be included if Medical Expense Benefits are included in the policy when issued.}

["Doctor"] means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. It will not include a Covered Person or a member of the Covered Person's Immediate Family Member or household.]

{This definition will be included if such persons are covered.}

["Domestic Partner"] means a person of the same or opposite sex of the Insured who:

1. shares the Insured's primary residence;
2. has resided with the Insured for at least 6 months prior to the date of enrollment and is expected to reside with the Insured indefinitely;
3. is financially interdependent with the Insured
4. has signed a Domestic Partner declaration with the Insured, if recognized by the laws of the state in which he or she resides with the Insured;
5. does not have current Domestic Partner declaration with any other person;
6. is older than 18 years of age;
7. is not currently married to another person; and
8. is not in a position as a blood relative that would prohibit marriage.]]

{This definition will be included if the Scope of Coverage includes the term in the policy when issued.}

["Health Care Plan"] means a policy or other benefit or service arrangement for medical or dental care or treatment under: 1) group or blanket coverage, whether on an insured or self-funded basis; 2) hospital or medical service organizations on a group basis; 3) Health Maintenance Organizations on a group basis; 4) group labor-management plans; 5) employee benefit organization plans; 6) association plans on a group or franchise basis; or 7) any other group employee welfare benefit plan as defined in the employee Retirement Income Security Act of 1974, as amended.]

["Home Country"] means a country from which the Covered Person holds a passport. If the Covered Person holds passports from more than one country, his or her Home Country will be that country which the Covered Person has declared to Us in writing as his or her Home Country.

{This definition will be included if Medical Expense Benefits or other Additional Benefits using the term are included in the policy when issued.}

["Hospital"] means an institution that: 1) operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed Doctors available at all times; 4) provides organized facilities for diagnosis, treatment and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a pre-arranged basis; 5) is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such; and 6) is not a place solely for drug addicts, alcoholics, or the aged or any separate ward of the Hospital.]

{This definition will be included if Medical Expense Benefits are included in the policy when issued. Only one of the stay options will be included.}

["Hospital Confined"] means [an overnight stay][a stay of 24 or more consecutive hours] as a registered resident bed-patient in a Hospital.]

{This definition will be included if any Benefits references the term in the policy when issued. Each bracketed item will be in-or-out.}

["Immediate Family Member"] means a person who is related to the Covered Person in any of following ways: spouse; parent (includes stepparent); child [age 18 or older] (includes legally adopted and step child); brother or sister (includes stepbrother or stepsister); [parent-in-law;] [son or daughter-in-law;] [and] [brother- or sister-in-law].]

"Injury" means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

"Insured" means a person in a Class of Eligible Persons for whom the required premium is paid making insurance in effect for that person. [A Dependent covered under the Policy is not an Insured, but rather a Covered Person.]

{This definition will be included if the benefits included in the policy references the term.}

["Medical Emergency"] means a condition caused by an Injury [or Sickness] that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.]

{This definition will be included if Medical Expense Benefits are included in the policy when issued.}

["Medically Necessary"] means a treatment, service or supply that is: 1) required to treat an Injury [or Sickness]; prescribed or ordered by a Doctor or furnished by a Hospital; 2) performed in the least costly setting required by the Covered Person's condition; and 3) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not considered Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of the alternative to be the Covered Expense.]

{This definition may be included if disability benefits are offered are subject to offsets by other benefits.}

["Other Income Benefits"] means any amounts that an Insured [or an Insured's dependents] receive[s] (or are assumed to receive) under: [

1. any Workers' Compensation, occupational disease, unemployment compensation law or similar state or federal law, including all permanent as well as temporary disability benefits. This includes any damages, compromises or settlement paid in place of such benefits, whether or not liability is admitted. If paid as a lump sum, We will prorate these

- benefits over the period for which the sum is given. If no time is stated, the lump sum will be prorated over a five year period. If no specific allocation of a lump sum is made, then the total sum will be an Other Income Benefit.
2. any Social Security or retirement benefits the Covered Person receive or any third party receives (or is assumed to receive) on the Insured's behalf or for the Insured's dependents; or, if applicable, that the Insured Dependents receive (or are assumed to receive) because of the Covered Person's entitlement to such benefits.
 3. Any proceeds payable under any group insurance or similar plan. If there is other insurance that applies to the same claim for disability, and contains the same or similar provision for reduction because of other insurance, We will pay our pro rata share of the total claim. "Pro rata share" means the proportion of the total benefit that the amount payable under one policy, without other insurance, bears to the total benefits under all such policies.]

{This definition will be included if coverage for Sickness is included.}

["Pre-existing Condition"] means – an illness, disease or other condition of the Covered Person, that in the [6-12] month period before the Covered Person's coverage became effective under the Policy:

1. first manifested itself, worsened, became acute or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or
2. required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or
3. was treated by a Doctor or treatment had been recommended by a Doctor.]

{This definition will be included if coverage for Sickness is included.}

["Sickness"] means an illness, disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.]

["Trip"] means travel by air, land, or sea from the Covered Person's Home Country.

{This definition will be included if Medical Expense Benefits or Additional Benefits using the term are included in the policy when issued.}

["Usual and Customary Charge"] means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.]

["We", "Our", "Us"] means Starr Indemnity & Liability Company [or its authorized agent].

SECTION 3: ELIGIBILITY FOR INSURANCE

Each person in one of the Classes of Eligible Persons shown in the Schedule of Benefits is eligible to be insured on the Policy Effective Date. We maintain the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

{This provision will be included as shown if Dependents are covered.}

[An Insured's Dependent is eligible on the date:

1. the Insured is eligible, if the Insured has Dependents on that date; or
2. the date the person becomes a Dependent, if later.

In no event will a dependent be eligible if the Insured is not eligible.]

SECTION 4: EFFECTIVE DATE OF INSURANCE

An Eligible Person will be insured on the latest of the following dates:

1. the Policy Effective Date; or
2. the date he or she is eligible; [or
3. the date of the scheduled Trip departure date; or
4. the date of his or her departure from the United States.]

{This text will be included if a deferred effective date applies.}

[If an Eligible Person [or Dependent] is not in Active Service on the date insurance would otherwise be effective, it will be effective on the date he or she returns to Active Service. A Dependent's insurance will not be in effect prior to the date an Eligible Person is insured.]

SECTION 5: TERMINATION DATE OF INSURANCE

An Insured's coverage will end on the earlier of the date:

1. the policy terminates;
2. the Insured is no longer eligible;
3. the period ends for which premium is paid;
- [4. the scheduled Trip return date;]
- [5. the Insured returns to his or her Home Country;]
- [6. the Insured returns to the United States;]

{This text will be included if Dependents' coverage is included under the policy when issued.}

[A Dependent's coverage will end on the earliest of the date:

1. he or she is no longer a Dependent;
2. the Insured's coverage ends;
3. the period ends for which premium is paid;
- [4. the scheduled Trip return date;]
- [5. the Dependent returns to his or her Home Country;]
- [6. the Dependent returns to the United States]

EXTENSION OF BENEFITS

We will extend benefits under the Policy for [3-12] months after a Covered Person's coverage would otherwise end if on that date he or she is:

1. Hospital Confined for an Injury [or Sickness] covered by the Policy; and
2. under a Doctor's care.

Any benefits payable under this provision will not exceed the benefit maximums shown in the Schedule of Benefits.

SECTION 6: DESCRIPTION OF BENEFITS

The following Provisions explain the benefits available under the Policy. Please see the Schedule of Benefits for the applicability of these benefits on a class level.

[This text will be included if Accidental Death and Dismemberment Benefits are elected at the case level. These benefits may be offered for accidental death only or for any combination of the losses shown below. Each benefit will be in-or-out and each accompanying definition will be in-or-out. Benefits will be paid on the basis of a percentage of Principal Sum and the actual range is shown within the brackets. These options may apply on the case or class level.]

[A. ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

If Injury to the Covered Person results, within the Time Period for Loss from date of Accident shown in the Schedule of Benefits, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. [The Principal Sum is shown in the Schedule of Benefits.] If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Accident.

Covered Loss Benefit Amount

[Life	100% of the Principal Sum]
[Brain Death	[10-100]% of the Principal Sum]
[Heart Failure	[10-100]% of the Principal Sum]
[Quadriplegia.....	[10-100]% of the Principal Sum]
[Two or more Members.....	[10-100]% of the Principal Sum]
[One Member	[10-100]% of the Principal Sum]
[Hemiplegia	[10-100]% of the Principal Sum]
[Paraplegia.....	[10-100]% of the Principal Sum]
[Uniplegia.....	[10-100]% of the Principal Sum]
[Thumb and Index Finger of the Same Hand.....	[10-100]% of the Principal Sum]
[Four Fingers of the Same Hand.....	[10-100]% of the Principal Sum]

[“Brain Death” means irreversible unconsciousness with total loss of brain function; and complete absence of electrical activity of the brain, even though the heart is still beating.]

[“Heart Failure” means death because the heart ceases to beat due to failure of the heart to maintain adequate circulation of blood provoked by participation in a Covered Activity.]

[“Quadriplegia” means total Paralysis of both upper and lower limbs. “Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body. “Uniplegia” means total Paralysis of one lower limb or one upper limb. “Paraplegia” means total Paralysis of both lower limbs or both upper limbs. “Paralysis” means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.]

[“Member” means Loss of Hand or Foot, Loss of Sight, Loss of Speech, and Loss of Hearing. “Loss of Hand or Foot” means complete Severance through or above the wrist or ankle joint. “Loss of Sight” means the total, permanent Loss of Sight of one eye. “Loss of Speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of Hearing” means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. “Loss of a Thumb and Index Finger of the Same Hand” or “Loss of Four Fingers of the Same Hand” means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). “Severance” means the complete separation and dismemberment of the part from the body.]]

{This text will be included if age based reductions are elected by the Policyholder. Ages and reduction amounts may vary at the request of the Policyholder. If this option applies to some classes, but not all classes covered under the policy, this information will appear in the Schedule of Benefits for the appropriate classes.}

[Age Reduction Schedule. The amount payable for a Covered Loss will be reduced if a Covered Person is age [65, 70, 75] or older on the date of the Accident causing the loss. The amount payable for the Covered Person's loss is a percentage of the amount that would otherwise be payable, as shown below:

AGE ON DATE OF ACCIDENT	PERCENTAGE OF BENEFIT AMOUNT OTHERWISE PAYABLE
[65-69]	[85-65%]
[70-74]	[65-45%]
[75-79]	[50-30%]
[80 and older]	[40-20%]

[Premium for a Covered Person age [65,70,75] or older is based on 100% of the coverage that would be in effect if the Covered Person were under age [65,70,75].]

“Age” as used above refers to the age of the Covered Person on his or her most recent birthday.]

{Medical Expense Benefits are payable on the basis of the Usual and Customary Charges for actual expenses incurred and payable under the policy. Any deductibles, coinsurance factors, required co-payments, limits, etc. will be shown in the Schedule of Benefits. Each benefit is optional and may be included at the option of the Policyholder on either a case or class basis. Bracketed phrases will be in-or-out.}

[B. MEDICAL EXPENSE BENEFITS

We will pay Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident [or Sickness]. These benefits are subject to the Deductibles, Coinsurance Rates, Benefit Periods, Benefit Maximums and other terms or limits shown in the Schedule of Benefits.

Medical Expense Benefits are only payable:

1. for Usual and Customary Charges incurred after the Deductible has been met;
2. for those Medically Necessary Covered Medical Expenses that the Covered Person receives; and
3. when the first charges are incurred within [90,180,365] days after the date of the Covered Accident [or Sickness].

No benefits will be paid for any expenses incurred that, in Our judgment, are in excess of Usual and Customary Charges.

Covered Medical Expenses

1. [Hospital Room and Board Expenses: the daily room rate when a Covered Person is Hospital Confined and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.]
2. [Ancillary Hospital Expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when Hospital Confined. This does not include personal services of a non-medical nature.]

3. [Daily Intensive Care Unit Expenses: the daily room rate when a Covered Person is Hospital Confined in a bed in the Intensive Care Unit and nursing services other than private duty nursing services.]
4. [Medical Emergency Care (room and supplies) Expenses: incurred within 72 hours of an Accident and including the attending Doctor's charges, X-rays, laboratory procedures, use of the emergency room and supplies.]
5. [Newborn Nursery Care Expenses.]
6. [Outpatient Surgical Room and Supply Expenses for use of the surgical facility.]
7. [Outpatient diagnostic X-rays, laboratory procedures and tests.]
8. [Doctor Non-Surgical Treatment/Examination Expenses (excluding medicines) including the Doctor's initial visit, each Medically Necessary follow-up visit and consultation visits when referred by the attending Doctor.]
9. [Doctor's Surgical Expenses [as shown in the Schedule of Benefits]. [If an Injury or Sickness requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session but through different incisions, We will pay as shown in the Schedule of Benefits for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.]]
10. [Assistant Surgeon Expenses when Medically Necessary]
11. [Anesthesiologist Expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.]
12. [Outpatient Laboratory Test Expenses.]
13. [Physiotherapy [Physical Medicine/Chiropractic/Acupuncture] Expenses on an inpatient or outpatient basis [limited to one visit per day (as shown in the Schedule of Benefits)]. Expenses include treatment and office visits connected with such treatment when prescribed by a Doctor, including diathermy, ultrasonic, whirlpool, or heat treatments, adjustments, manipulation, message or any form of physical therapy.]
14. [Chiropractic Expenses on an inpatient or outpatient basis [limited to one visit per day (as shown in the Schedule of Benefits)].]
15. [X-ray Expenses (including reading charges) but not for dental X-rays.]
16. [Dental Expenses including dental x-rays for the repair or treatment of each injured tooth that is whole, sound and a natural tooth at the time of the Accident [,and emergency alleviation of dental pain].]
17. [Dental Expenses for impacted wisdom tooth.]
18. [Outpatient Registered Nurse Services if ordered by a Doctor.]
19. [Ambulance Expenses for transportation from the emergency site to the Hospital.]
20. [Rehabilitative braces or appliances prescribed by a Doctor. It must be durable medical equipment that 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.]
21. [Prescription Drug Expenses [including dressings, drugs and medicines] prescribed by a Doctor [and administered on an outpatient basis].]
22. [Medical Equipment Rental Expenses for a wheelchair or other medical equipment that has therapeutic value for a Covered Person. We will not cover computers, motor vehicles or modifications to a motor vehicle, ramps and installation costs, eyeglasses and hearing aids.]
23. [Medical Services and Supplies: expenses for blood and blood transfusions; oxygen and its administration.]
24. [Eyeglasses, contact lenses and hearing aids when damage occurs in a Covered Accident that requires medical treatment.]
25. [Expenses due to an aggravation or re-Injury of a Pre-Existing Condition.]
26. [Emergency medical treatment of pregnancy.]
27. [Therapeutic termination of pregnancy.]

[C. ADDITIONAL BENEFITS

{The following benefits are optional and may be included at the option of the Policyholder on a case or class basis. Each benefit will be in-or-out, each bracketed phrase will be in-out, and the actual numerical range is shown within brackets, if variable.}

[Chaperone Replacement Benefit

In the event that the official chaperone of the Policyholder is prevented from continuing his to her Trip due to Injury, [Sickness] or death of him or her or an Immediate Family Member which occurs after the Trip begins and before the Trip termination date, We will pay for the reimbursement of:

1. the replacement chaperone, up to the published rate of a round trip economy class ticket from his or her place of permanent residence to the next scheduled destination where the replacement can join the insured group; and
2. returning chaperone, up to the published rate of a round trip economy class ticket from his or her assigned location back home.

The Benefit Maximum per incident for both chaperones is shown in the Schedule of Benefits. We will only pay one Chaperone Replacement Benefit per Trip.]

[Coma Benefit

We will pay the Coma Benefit shown in the Schedule of Benefits if a Covered Person becomes Comatose within [31-60] days of a Covered Accident [or Sickness] and remains in a Coma for at least [31-60] days.

We reserve the right, at the end of the first [31-60] days of Coma, to require additional proof that the Covered Person remains Comatose. This proof may include, but is not limited to, requiring an independent medical examination at Our expense.

We will pay this benefit in [a lump sum / periodic payments] as shown in the Schedule of Benefits. [Periodic payments will end on the first of the following dates:

1. the end of the month in which the Covered Person dies;
2. the end of the [9th-12th] month for which this benefit is payable;
3. the end of the month in which the Covered Person recovers from the Coma.]

A person is deemed “Comatose” or in a “Coma” if he or she is in a profound stupor or state of complete and total unconsciousness, as the result of a Covered Accident [or Sickness].]

[Common Carrier Benefit

We will pay the Common Carrier Benefit shown in the Schedule of Benefits if Injury or death occurs from a Covered Accident while a Covered Person is riding as a fare-paying passenger in, or is struck by a regularly scheduled Common Carrier. Riding includes getting into and getting out of the Common Carrier.

“Common Carrier” means:

1. a [public] conveyance, including an aircraft, licensed for hire to carry fare-paying passengers [on a set route and schedules]; or
2. a transport aircraft operated by the Air Mobility Command of the United States of America or a similar air transport service of another country.]

[Common Accident Benefit

We will increase the Loss of Life benefit payable for an insured spouse to [50-100%] of the Insured’s Principal Sum if both the Insured and the insured spouse die directly and independently of all other causes from a Common Accident and are survived by one or more Dependent children.

"Common Accident" means the same Covered Accident or separate Covered Accidents that occur within the same [24-hour period.]

[Disability Benefit]

We will pay the Disability Benefit shown in the Schedule of Benefits if a Covered Person is Totally Disabled [or Partially Disabled] as a direct result of, and from no other cause but, a Covered Accident [or Sickness]. Disability Benefits will begin when:

1. the applicable Benefit Waiting Period shown in the Schedule of Benefits for this benefit is satisfied; and
2. the Covered Person provides satisfactory proof of Total Disability [or Partial Disability] to Us.

Benefit Payments will end on the first of the following dates:

1. the date the Covered Person dies; or
2. the date the Covered Person is no longer Totally Disabled [or Partially Disabled]; or
3. the date the Maximum Benefit Period for this benefit ends; or
4. the date the Covered Person fails to submit satisfactory proof of continuing Total Disability [or Partial Disability].

"Total Disability" or "Totally Disabled" means, due to an Injury from a Covered Accident, [or Sickness], a Covered Person:

1. if employed, cannot do any work for which he or she is, or may become, qualified by reason of education, experience or training; and
2. if not employed, cannot perform the normal and customary activities of a healthy person of like age and sex.

"Partial Disability" or "Partially Disabled" means a Covered Person is able to work after a period for which Total Disability benefits are payable under the Policy, but is not:

1. able to perform all the material duties of his or her occupation; and
2. earn more than [\$1,000-\$2,000] or more in gross earnings per month.

Partial Disability must be the result of the same Covered Accident [or Sickness] for which Total Disability benefits were payable.]

[Emergency Medical Evacuation Benefit]

We will pay Emergency Medical Evacuation Benefits as shown in the Schedule of Benefits for expenses incurred for the medical evacuation of a Covered Person. Benefits are payable if the Covered Person:

1. is traveling outside of his or her Home Country;
2. suffers an Injury [or Sickness] during the course of the Trip; and
3. requires Emergency Medical Evacuation.

Benefits will not be payable unless:

1. the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's Injury [or Sickness] requires an Emergency Medical Evacuation;
2. all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible;
3. the charges incurred are Medically Necessary and do not exceed the usual level of charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and
4. do not include charges that would not have been made if there were no insurance.

"Emergency Medical Evacuation" means:

1. the Covered Person's immediate transportation from the place where he or she suffers an Injury [or Sickness] to the nearest Hospital or other medical facility where appropriate medical treatment can be obtained; or
2. the Covered Person's transportation to his or her Home Country to obtain further medical treatment in a Hospital or other medical facility or to recover after suffering an Injury [or Sickness].

An Emergency Medical Evacuation also includes Medically Necessary medical treatment, medical services and medical supplies necessarily received in connection with such transportation.

[After Hospitalization or treatment for a covered Injury [or Sickness], if the Covered Person is unable to continue his journey, Our designated assistance provider, in conjunction with the local attending Doctor and/or the Covered Person's habitual Doctor, will organize the Covered Person's return to his or her Home Country or country of permanent assignment. If the gravity of the situation so dictates, Our designated assistance provider will ensure that appropriate medical care is provided to the Covered Person during the return journey. If Our designated assistance provider and the local attending medical practitioner consider the Covered Person stable enough to be medically repatriated, without endangering the Covered Person's health, and the Covered Person refuses repatriation, We will continue to pay medical expense benefits incurred after the date repatriation was recommended only up to the amount that would have been payable for the medical repatriation, subject to policy maximums and limitations.]

Benefits will not be payable unless We authorize in writing [or by an authorized electronic or telephonic means] all expenses in advance.]

{Only one of the following Emergency Reunion Benefits may be included at the option of the Policyholder on either a case or class basis.}

[Emergency Reunion Benefit I

We will pay expenses incurred to have one of the [Insured's][Covered Person's] Immediate Family Members accompany him or her to the [Insured's][Covered Person's] [Home Country] [or] [Hospital] where the [Insured][Covered Person] is confined if[:

1. the Emergency Medical Evacuation Benefit is payable under the Policy]; and
2. [the Insured][Covered Person] is alone outside of his or her Home Country; and]
3. the place of confinement is more than [50-200] miles from the the [Insured's][Covered Person's] Home Country].

[In addition, We will pay the reasonable expenses incurred for lodging and meals of the [Insured's][Covered Person's] Immediate Family Member for a period not to exceed [7-14] days.]

[This benefit will not exceed [the lesser of]:

1. the cost of a one [round-trip] economy airfare ticket and other local travel related expenses; [or]
2. the reasonable expenses incurred for lodging and meals of the [Insured's][Covered Person's] Immediate Family Member for a period of [7-14] days.]
3. the Reunion Benefit Maximum shown in the Schedule of Benefits.]

We must authorize all expenses in advance for any Reunion Benefits to be payable.]

[Emergency Reunion Benefit II

In the event the Covered Person has either been: 1) confined in a Hospital for at least [24-48] consecutive hours due to a covered Injury [or Sickness], where the attending Doctor believes it

would be beneficial for the Covered Person to have a Family Member at his or her side; or 2) the victim of a Felonious Assault, We will pay the expenses incurred for travel and lodging for that Family Member, up to the Benefit Maximum shown in the Schedule of Benefits. Covered expenses include an economy airline ticket and other travel related expenses not to exceed the Daily Benefit Maximum and the Maximum Number of Days shown in the Schedule of Benefits. All travel arrangements must be made by the Company's assistance provider and approved in advance by Us in order for expenses to be considered eligible.

"Felonious Assault" means a violent or criminal act reported to the local authorities which was directed at the Covered Person during the course of, or an attempt of, a physical assault resulting in serious injury, kidnapping, or rape.

"Family Member" means a person who is related to the Covered Person in any of following ways: spouse; parent (includes stepparent); child (includes legally adopted and step child); brother or sister (includes stepbrother or stepsister); parent-in-law; son- or daughter-in-law; and brother- or sister-in-law.]

[Extended Benefit Option]

We will pay the benefit shown in the Schedule of Benefits, subject to the payment of the separate Deductible, while the Covered Person is in his or her Home Country, if the Covered Person obtains treatment for an Injury [or Sickness] within [30-90] days of returning from a Trip to his or her Home Country. Such treatment must be for the recurrence or continuation of treatment for an Injury [or Sickness] that began during the course of a Trip for which a benefit is otherwise payable under the Medical Expense Benefit.]

[Family Reunion Benefit]

If, while the Covered Person is traveling, he or she suffers an Injury [or Sickness] and must be confined in a Hospital for at least [3-7] consecutive days [or if the Covered Person is medically evacuated to another location,] We will reimburse the expenses incurred for transportation and lodging for a Family Member to join the Covered Person during his or her stay in the Hospital. All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation or lodging in the locality where the expense is incurred. Benefits will not be paid unless all expenses are approved in advance by Us, and services are rendered by the Company's assistance provider.

"Family Member" means a Covered Person's parent; sister; brother; husband, wife or children.]

[Felonious Assault Benefit]

We will pay the Felonious Assault Benefit shown in the Schedule of Benefits if, while a Covered Person is traveling, he or she is the victim of a Felonious Assault, and as the result of the assault he or she suffers a covered Injury. A person other than another person covered by the Policy, a Covered Person's Family Member or household member must inflict the assault.

"Felonious Assault" means an act of physical violence against a person covered by the Policy.

"Family Member" means a Covered Person's parent, sister, brother, husband, wife or children.]

[Felonious Assault and Violent Crime Benefit]

We will pay benefits shown in the Schedule of Benefits, subject to the following conditions, when the Covered Person suffers a Covered Loss resulting directly and independently of all other causes from a Covered Accident that occurs during a violent crime or felonious assault as described below. [A police report detailing the felonious assault or violent crime must be provided before this benefit is payable.] [The Covered Accident must occur while the Covered

Person is on the business or premises of the Policyholder.] The Covered Person must notify the police within [24-48] hours of the assault.

To qualify for benefit payment, the Covered Accident must occur during any of the following:

1. actual or attempted robbery or holdup;
2. actual or attempted kidnapping;
3. any other type of intentional assault that is a crime classified as a felony by the governing statute or common law in the location where the assault occurred.

[We will pay a Hospital Stay Benefit, subject to the following conditions, when the Covered Person suffers a Covered Loss resulting directly and independently of all other causes from a Covered Accident that occurs during a violent crime or felonious assault if all of the following conditions are met:

- [1. the Covered Person is insured for Hospital Stay benefits under the Policy;]
- [2.] the Hospital Stay begins within [14-30] days of the violent crime/felonious assault;
- [3. the Hospital Stay is at the direction and under the care of a Doctor;]
- [4.] the Covered Person provides proof satisfactory to Us that his Hospital Stay was necessitated to treat Injuries sustained in a Covered Accident caused solely by a violent crime or felonious assault;
- [5.] the Hospital Stay begins while the Covered Person's insurance is in effect.]

The benefit will be paid for each day of a continuous Hospital Stay. [If benefits are calculated on a monthly basis, pro rata payments will be made for confinements of less than one month.]

Benefits will not be paid for treatment of any Injury sustained or Covered Loss incurred during any:

1. violent crime or felonious assault committed by the Covered Person; or
2. felonious assault or violent crime committed upon the Covered Person by a Family Member, Fellow Employee, or Member of the Same Household.

"Family Member" means the Covered Person's parent, step-parent, spouse or former spouse, son, daughter, brother, sister, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, aunt, uncle, cousins, grandparent, grandchild and stepchild.

"Fellow Employee" means a person employed by the same Policyholder as the Covered Person or by an affiliated or subsidiary corporation. It shall also include any person who was so employed, but whose employment was terminated not more than [30-90] days prior to the date on which the violent crime/felonious assault was committed.

"Member of the Same Household" means a person who maintains residence at the same address as the Covered Person.]

{ Only one of the following Home Country Benefits may be included at the option of the Policyholder on either a case or class basis. }

[Home Country Benefit I

We will pay benefits shown in the Schedule of Benefits while the Covered Person is in his or her Home Country, if the Covered Person obtains treatment for: 1) an Injury [or Sickness] within [30-90] days of returning from a Trip to his or her Home Country; or 2) for a continuation of benefits for treatment that began during the course of a Trip for which a benefit is otherwise payable under the Medical Expense Benefit. The Covered Person must remain continuously insured, including while on vacations and school breaks. Home Country Benefit payments are subject to any applicable Benefit Maximum, Deductible and Coinsurance Rate shown in the Schedule of Benefits.

[Extended Benefit - If the Home Country benefit is payable, benefits will be extended for an additional month provided the Covered Person has enrolled for coverage under the Policy for at least [three-nine] consecutive months. Extended Benefits are subject to the Benefit Maximum shown in the Schedule of Benefits for the Home Country Benefit.]]

[Home Country Benefit II]

We will pay the benefit shown in the Schedule of Benefits when the Covered Person returns to his or her Home Country or country of principal residence for incidental visits of up to a maximum of a [one-four]-week period, provided:

1. the period of coverage is for a period of at least [30-90] days; and
2. the primary reason for the Covered Person's return to the Home Country or country of principal residence is not to obtain medical treatment for an Injury [or Sickness] that occurred while traveling.

Home Country Benefit payments are subject to any applicable Benefit Maximum, Deductible and Coinsurance Rate shown in the Schedule of Benefits.

[Extended Benefit - If the Home Country benefit is payable, benefits will be extended for an additional month provided the Covered Person has enrolled for coverage under the Policy for at least [three-nine] consecutive months. Extended Benefits are subject to the Benefit Maximum shown in the Schedule of Benefits for the Home Country Benefit.]]

[Home Country Emergency Benefit]

We will pay benefits for Covered Medical Expenses if the Covered Person obtains treatment of an Injury [or Sickness] in his or her Home Country during the course of a Trip for which a benefit is otherwise payable under the Medical Expense Benefit.

The coverage begins on the date the Covered Person arrives in his or her Home Country. The maximum duration of this coverage is [14-60] days in any 12 month period. Coverage ends when the Covered Person leaves his or her Home Country.

Coverage with respect to the Covered Person must remain continuously in force. This includes while he or she is on vacation and school breaks. Home Country Emergency Benefit payments are subject to any applicable Benefit Maximum, Deductible and Coinsurance Rate shown in the Schedule of Benefits.]

[Home Country Extension Benefit]

We will pay benefits for Covered Medical Expenses if the Covered Person obtains treatment of an Injury [or Sickness] while he or she is in his or her Home Country during the course of a Trip for which a benefit is otherwise payable under the Medical Expense Benefit. Benefits will be paid for a period of [1-3] months from the date the Covered Person returns to his or her Home Country. Home Country Extension Benefit payments are subject to any applicable Benefit Maximum, Deductible and Coinsurance Rate shown in the Schedule of Benefits.]

[Hospital Confinement Benefit]

We will pay the Hospital Confinement Benefit shown in the Schedule of Benefits if a Covered Person is Hospital Confined, and all of the following conditions are met.

1. The Hospital stay is the direct result, from no other causes, of Injuries sustained in a Covered Accident, [or Sickness] that occurs while the Policy is in effect.
2. The Hospital stay begins within [7-21] days of a Covered Accident [or Sickness] [and lasts for the Time Period for Confinement shown in the Schedule of Benefits] [and lasts at least 3 days in a row]. [We will pay this benefit retroactive to the first day of the Hospital stay.]

Benefit payments will end on the first of the following dates:

1. the date the Hospital stay ends; or
2. the date the Covered Person dies;
3. the date the Maximum Benefit Period for this benefit ends; or
4. the date insurance under the Policy ends.]

[Lost Baggage Benefit

We will reimburse the Covered Person's replacement costs [of clothes and personal hygiene items], up to the Benefit Maximum shown in the Schedule of Benefits, if the Covered Person's luggage is checked onto a common carrier, and is then lost, stolen or damaged beyond his or her use. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. The Covered Person must file a formal claim with the transportation provider and provide Us with copies of all claim forms and proof that the transportation provider has paid the Covered Person its normal reimbursement for the lost, stolen or damaged luggage.]

[Permanent Total Disability Benefit

We will pay this benefit if:

1. a Covered Person is Injured in a Covered Accident, which happens while he or she is covered for this benefit; and
2. he or she becomes Totally Disabled as a direct result, and from no other cause, within 30 days of the Covered Accident; and
3. he or she remains Totally Disabled for 12 straight months; and
4. he or she is then Permanently and Totally Disabled.

The amount of this benefit is the amount shown on the Schedule of Benefits, minus any amounts we have paid under other benefits for the same Covered Accident. If the amount shown on Schedule of Benefits is a periodic amount, then We will pay this amount until:

1. the Covered Person dies, or is no longer Permanently and Totally Disabled; or
2. the total we have paid for the same Covered Accident under the Policy is the Principal Sum shown on the Schedule of Benefits.

A person will be deemed "Totally Disabled" if he or she cannot do all the substantial and material duties of his or her type of work, as determined by a Doctor. He or she will be deemed "Permanently and Totally Disabled" if he or she is not able to do any work for which he is or may become qualified by reason of his education, experience or training; and if he or she is not expected to be able to do any such work for the rest of his life, as determined by a Doctor.]

[Personal Property Benefit

We will reimburse the Covered Person the reasonable cost, up to the Benefit Maximum shown in the Schedule of Benefits [after satisfaction of the Deductible], for replacement of any personal property that is lost or totally destroyed while the Covered Person is on his or her trip. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. The Covered Person must demonstrate that he or she has taken reasonable precautions for the safety and security of any covered property, and We require certification by a police or security authority in a incident report. Covered property does not include laptop computers.

For any claim the Covered Person makes under this Benefit, We are entitled to make reasonable repairs or salvage efforts to restore his or her personal property or to keep the damaged property if We choose to do so. We will require valid receipts of replacement goods prior to payment of any benefits.]

[[Personal Property] [and] [Financial Instrument Reimbursement] Benefit

If [a Covered Person][an Insured] sustains loss or damage to Personal Property [or Financial Instrument] [that is caused directly by a Covered Peril] during [a bona fide business trip approved by his or her employer][his or her trip], We will indemnify [the Policyholder on behalf of [the Insured][the Covered Person] with respect to such loss or damage up to the Maximum Amount shown on the Schedule of Benefits [after satisfaction of the Deductible]. The [Covered Person][Insured] must take all reasonable precautions for the safety of any covered [Personal Property] [and] [Financial Instrument]. With respect to a covered loss, We will be entitled:

1. to take and keep possession of such property and to deal with salvage in a reasonable manner;
2. to repair or replace any property for which We have liability under this Benefit, at Our option. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period.

Definitions

[“Covered Peril” means loss or damage caused by: fire; explosion; lightning; collision, upset or overturn to a rental vehicle; theft; burglary or robbery.]

“Personal Property” means:

[personal goods belonging to [the Covered Person][the Insured] or for which [the Covered Person][the Insured] is responsible and are taken [on the business trip] or acquired by [the Covered Person][the Insured] during the trip.] *{or}*
[the personal effects owned by [the Covered Person][the Insured] for personal use, adornment, or amusement].

[“Financial Instrument” means coins, banknotes, postal and money orders, signed travelers and other checks, letters of credit, travel tickets and credit cards.]

Exclusions {Each Exclusion will be in-or-out and each bracketed phrase will be in-or-out.}

We will not pay for:

- [1. More than [\$100 to \$3,000] with respect to any one article or set of articles.]
- [2. Vehicles [(including aircraft and other conveyances)] or their accessories or equipment.]
- [3. Loss or damage due to:
 - [a) Moth, vermin, insects or other animals;]
 - [b) wear and tear; atmospheric or climatic conditions or gradual deterioration or [latent] defective materials or craftsmanship;]
 - [c) Mechanical or electrical failure [or inherent vice];]
 - [d) Breaking, marring, scratching, wet or dampness, spoilage, being discolored, mold mildew, rust, frost, steam, mishandling, improper packing, improper stowage or rough handling;]
 - [e) Any process of cleaning, restoring, repairing or alteration].]
- [4. More than a reasonable proportion of the total value of the set where the loss or damaged article is part of a set or pair.]
- [5. Currency.]
- [6. Coins, deeds, bullion, stamps, securities, tickets, documents and perishables.]
- [7. Devaluation of currency or shortages due to errors or omissions during monetary transactions.]
- [8. More than \$500 with respect to cash.]
- [9. Any loss not reported to either the police or transport carrier within 24 hours of discovery.]
- [10. Any loss due to confiscation or detention by customs or any other authority.]
- [11. Any loss or damage directly or indirectly caused by declared or undeclared war or any act thereof.]

- [12. Laptop computers.]
- [13. Household furniture.]
- [14. Eyeglasses.]
- [15. Contact lenses.]
- [16. Artificial teeth or limbs.]
- [17. Property while in the care, custody, or control of any common carrier.]
- [18. Loss or damage due to unexplained or mysterious disappearance [, unexplained shortage, or shortage disclosed by taking inventory].]
- [19. Loss or damage due to theft unless reported to the police or competent authority.]
- [20. Jewelry, furs, fine arts and antiques.]
- [21. Audiovisual equipment, slide projectors, televisions, overhead projectors.]
- [22. Foodstuffs, liquor, medication, pharmaceutical goods, and plants.]
- [23. Animal mounts or other products of taxidermy.]
- [24. Cellular telephones, citizen band radios, tape players, radar detectors, radio and other sound reproducing or receiving equipment.]
- [25. Firearms, ammunitions, holsters, firearm paraphernalia.]
- [26. Motor vehicles, including motorcycles and mobile equipment.]

[In additional, We will not pay benefits for loss or damage caused by or resulting from:

- [1. Hostile or war like action in time of peace or war, including action in hindering, combating or defending against an actual, impending or expected attack by:
 - a) any government or sovereign power (de jure or de facto), or by any authority maintaining or using military, naval or air forces; or
 - b) military, naval or air forces; or
 - c) an agent of any government power, authority or forces.]
- [2. Any weapon of war employing atomic fission or radioactive force whether in time of peace or war.]
- [3. Insurrection, rebellion, revolution, civil war, usurped power, or action taken by governmental authority in hindering, combating or defending against such an occurrence, seizure or destruction under quarantine or custom regulations, confiscation by order of any government or public authority, or risks of contraband or illegal transportation or trade.]
- [4. Nuclear reaction or nuclear radiation or radioactive contamination.]
- [5. Breakage of glass, unless the breakage is the direct result of a covered loss.]
- [6. Loss or destruction of property resulting from any [Covered Person][Insured] voluntarily giving someone else possession of your property, other than to a parking valet or service technician for the purpose of parking, servicing, or repairing an automobile, truck or van.]
- [7. Loss or destruction of property while a rented vehicle is being used for commercial purpose.]
- [8. Loss or damage to property which occurs while loading or unloading a rented vehicle unless such loss or damage is the result of a covered loss.]
- [9. Loss or damage occurring subsequent to a vehicle being obtained under a fictitious name, address, other false identification, or other fraudulent means or misrepresentation.]

Additional exclusions that apply to this Benefit are shown in the Exclusions section of the Policy.]

[Repatriation of Remains Benefit

We will pay Repatriation Benefits as shown in the Schedule of Benefits for preparation and return of a Covered Person's body to his or her Home Country if he or she dies due to an Injury [or Sickness]. Covered expenses include:

- 1. expenses for embalming or cremation;
- 2. the least costly coffin or receptacle adequate for transporting the remains;

3. transporting the remains by the most direct and least costly conveyance and route possible.

Benefits will not be payable unless We authorize in writing [or by an authorized electronic or telephonic means] all expenses in advance.]

[Political Evacuation Expense Benefit

We will pay Political Evacuation Expense Benefits described in the Schedule of Benefits to the Covered Person, if:

1. an Occurrence takes place during the Covered Activity described in the Policy while coverage is in effect; and
2. while he or she is traveling outside of his or her Home Country or country of residence.

Benefits are subject to the Benefit Maximum shown in the Schedule of Benefits.

Benefits will be paid for:

1. the Covered Person's Transportation and Related Costs to the Nearest Place of Safety, necessary to ensure his or her safety and well-being as determined by the Designated Security Consultant. Political Evacuation Benefits are payable only once for any one Occurrence.
2. the Covered Person's Transportation and Related Costs within 14 days of the Political Evacuation to either of the following locations as chosen by the Covered Person:
 - a. back to the country in which the Covered Person is traveling during the Covered Activity while covered by the Policy; or
 - b. the Covered Person's Home Country; or
 - c. where the entity that sponsored the Covered Person's Trip is located.
3. [consulting services by a Designated Security Consultant for seeking information on a Missing Person or kidnapping cases, if the Covered Person is kidnapped or is reported as a Missing Person to local or international authorities.]

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. Our assistance provider is not responsible for the availability of Transport services. Where a Political Evacuation becomes impractical due to hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with the Covered Person until a Political Evacuation occurs.

Right of Recovery

If, after a Political Evacuation is completed, it becomes evident that the Covered Person was an active participant in the events that led to the Occurrence, We have the right to recover all Transportation and Related costs from the Covered Person.

Changes in Terms and Conditions

The terms and conditions of this Benefit may be changed at any time to reflect conditions that, in Our opinion, constitute a change in the Policyholder's Political Evacuation exposure. We will give at least 31 days advance written notice (or authorized electronic or telephonic means) to the Participating Organization of any change in the terms and condition of this coverage.

The following definitions apply to this Benefit:

"Appropriate Authority(ies)" means the government authority(ies) in the Covered Person's Home Country or country of residence or the government authority(ies) of the Host Country.

"Designated Security Consultant" means an employee of a security firm under contract with Us or Our assistance provider who is experienced in security and measures necessary to ensure the safety of the Covered Person(s) in his or her care.

“Evacuation Advisory” means a formal recommendation issued by the Appropriate Authorities that the Covered Person or citizens of his or her Home Country or Country of Residence or citizens of the Host Country leave the Host Country.

“Host Country” means any country, other than an OFAC excluded country, in which the Covered Person is traveling while covered under the Policy.

[“Missing Person” means a Covered Person who disappeared for an unknown reason and whose disappearance was reported to the Appropriate Authority(ies).]

[“Natural Disaster” means storm (wind, rain, snow, sleet, hail, lightning, dust or sand) earthquake, flood, volcanic eruption, wildfire or other similar event that:

1. is due to natural causes; and
2. results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government in which the Covered Person’s Trip occurs and the area is deemed to be uninhabitable or dangerous.]

“Nearest Place of Safety” means a location determined by the Designated Security Consultant where:

1. the Covered Person can be resumed safe from the Occurrence that precipitated the Covered Person’s Political Evacuation; and
2. the Covered Person has access to Transportation; and
3. the Covered Person has the availability of temporary lodging, if needed.

“Occurrence” means any of the following situations involving a Covered Person;

1. expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country;
2. political or military events involving a Host Country, if the Appropriate Authorities issue an Advisory stating that citizens of the Covered Person’s Home Country or Country of Residence or citizens of the Host Country should leave the Host Country;
3. deliberate physical harm of the Covered Person confirmed by documentation or physical evidence or a threat against the Covered Person’s health and safety as confirmed by documentation and/or physical evidence;
- [4. Natural Disaster within seven days of an event;]
- [5. the Covered Person had been deemed kidnapped or a Missing Person by local or international authorities and, when found, his or her safety and/or well-being are in question within seven days of his or her being found.]

“Related Costs” means food, lodging and, if necessary, physical protection for the Covered Person during the Transport to the Nearest Place of Safety.

“Political Evacuation” means the extrication of a Covered Person from the Host Country due to an Occurrence which could result grave physical harm or death to the Covered Person.

“Transport” or “Transportation” means the most efficient and available method of conveyance. Where practical, economy fare will be utilized. If possible, the Covered Person’s common carrier tickets will be used.

We will not pay Political Evacuation Expense Benefits for expenses and fees:

1. payable under any other provision of the Policy.
2. that are recoverable through the Covered Person’s employer.
3. arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by the Covered Person, acting alone or in collusion with other persons.
4. arising from or attributable to an alleged:
 - a. violation of the laws of country in which the Covered Person is traveling while covered under the Policy; or
 - b. violation of the laws of the Covered Person’s Home Country or country of residence.
5. due to the Covered Person’s failure to maintain and possess duly authorized and issued required travel documents and visas.
6. for repatriation of remains expenses.

7. for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization.
8. for medical services.
9. for monies payable in the form of a ransom, if a Missing Person case evolves into a kidnapping.
10. arising from or attributable, in whole or in part, to:
 - a. a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause;
 - b. non-compliance by the Covered Person with regard to any obligation specified in a contract or license.
11. due to military or political issues if the Covered Person's Security Evacuation request is made more than 30 days after the Appropriate Authority(ies) Advisory was issued.
- [12. due to Natural Disaster.]

This Benefit does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.]

[Return of Minor Child(ren) Benefit

If the Insured, age 18 or older, is the only person traveling with minor Dependent children who are under the age of 18, and such Insured suffers an Injury [or Sickness] and must be confined in a Hospital [for at least [24-48] consecutive hours] [or if the Insured is medically evacuated to another location,][or Home Country], We will reimburse the cost of a one way economy airfare ticket [and/or ground transportation ticket] to return each minor Dependent child to his or her [Home Country][principal residence], not to exceed the Benefit Maximum shown in the Schedule of Benefits. All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation in the locality where the expense is incurred. Benefits will not be paid unless all expenses are approved in advance by Us, and services are rendered by the Company's assistance provider.]

[Seatbelt [And Airbag] Benefit

We will pay benefits shown in the Schedule of Benefits, subject to the conditions described below, when a Covered Person dies [or is dismembered] directly and independently from Injuries sustained while wearing a seatbelt and operating or riding as a passenger in an Automobile. *{If airbag benefit is included:}* [An additional benefit is provided if the Covered Person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).]

Verification of proper use of the seatbelt at the time of the Covered Accident [and that the Supplemental Restraint System properly inflated upon impact] must be a part of an official police report of the Covered Accident or be certified, in writing, by the investigating officer(s) and submitted with the Covered Person's claim to Us.

[If such certification or police report is not available or it is unclear whether the Covered Person was wearing a seatbelt [or positioned in a seat protected by a properly functioning and properly deployed Supplemental Restraint System], We will pay a default benefit shown in the Schedule of Benefits to the Insured if living, if not, then to the Covered Person's beneficiary.]

[In the case of a child, "seatbelt" means a child restraint, as required by state law and approved by the National Highway Traffic Safety Administration, properly secured and being used as recommended by its manufacturer for children of like age and weight at the time of the Covered Accident.]

["Supplemental Restraint System" means an airbag that inflates upon impact for added protection to the head and chest areas.]

"Automobile" means a self-propelled, private passenger motor vehicle with four or more wheels that is a type both designed and required to be licensed for use on the highway of any state or country. Automobile includes, but is not limited to, a sedan, station wagon, sport utility vehicle, or a motor vehicle of the pickup, van, camper, or motor-home type. Automobile does not include a mobile home or any motor vehicle that is used in mass or public transit.]

[Trip Cancellation Benefit]

We will reimburse the Covered Person for the amount of non-refundable money the Covered Person paid for his or her Trip, up to the Benefit Maximum shown in the Schedule of Benefits, if the Covered Person is prevented from taking his or her Trip or his or her Trip is interrupted as the result of Injury, [Sickness] or death that occurs prior to the Trip, or during the Trip to either the Covered Person or a Family Member.

"Family Member" means a Covered Person's parent, sister, brother, husband, wife, [or] children[, or grandparent.]

{ Only one of the following Trip Interruption Benefits may be included at the option of the Policyholder on either a case or class basis. }

[Trip Interruption Benefit I]

We will reimburse the cost of one way economy air and/or ground transportation ticket of a Covered Person's Trip, up to the Benefit Maximum shown in the Schedule of Benefits, if his or her Trip is interrupted as the result of[:

- 1.] the death of a Family Member[; or
2. the unforeseen Injury [or Sickness] of the Covered Person or a Family Member. The Injury [or Sickness] must be so disabling as to reasonably cause a Trip to be interrupted][; or
3. substantial destruction of the Covered Person's principal residence by fire or weather related activity][; or
4. a Medically Necessary covered Emergency Medical Evacuation to return the Covered Person to his or her Home Country or to the area from which he or she was initially evacuated for continued treatment, recuperation and recovery of an Injury [or Sickness].

"Family Member" means a Covered Person's parent, sister, brother, husband, wife, [or] children[, or grandparent.]

[Trip Interruption Benefit II]

We will reimburse the cost of the Covered Person's economy one way air and/or ground transportation ticket for the Covered Person to return to the area of his or her principal residence, up to the Benefit Maximum shown in the Schedule of Benefits, if his or her Trip is interrupted as the result of the death of a Family Member.

"Family Member" means a Covered Person's parent, sister, brother, husband, wife, [or] children[, or grandparent.]

SECTION 7: HAZARDS INSURED AGAINST

{ Each Hazard will be in-or-out depending on the Policyholder's selection. Each bracketed phrase will be in-or-out. The actual numerical range to be used is contained within brackets. }

We will pay benefits described in the Policy when a Covered Person suffers a loss or Injury as a result of a Covered Accident [or Sickness] during one of the Covered Activities listed in the Schedule of Benefits. We will only pay benefits if the Insured is engaged in one of the hazards described below when the Covered Accident [or Sickness] occurs. Unless otherwise specified, We will pay benefits only once for any one Covered Accident [or Sickness], even if it is covered by more than one hazard.

[Business] Travel Coverage (24 Hour Coverage)

The Covered Accident [or Sickness] must take place while:

1. traveling or making a short stay of [three-twelve] nine months or less [outside of the United States][away from the Covered Person's Home Country]; and
2. on business for the Policyholder; and
3. in the course of the Policyholder's business.

This coverage will start at the actual start of the business trip. It does not matter whether the trip starts at the Covered Person's home, place of work, or other place. It will end on the first of the following dates to occur:

1. the date a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date a Covered Person makes a Personal Deviation.

"Personal Deviation" means:

1. an activity that is not reasonably related to the Policyholder's business/activities; and
2. not incidental to the purpose of the business trip.]

[Commuting Coverage]

The Covered Accident must take place while the Insured is commuting directly between his or her home and the Policyholder's premises where he or she normally works.

Benefits will not be payable for Covered Accidents that occur more than two hours after the Insured leaves his or her home or place of employment, unless it can be conclusively established that:

1. the delay was caused by conditions beyond the Insured's control; or
2. more time was needed for normal direct commuting.]

[Exposure and Disappearance]

Coverage under this Hazard includes exposure to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that disappears, sinks or is stranded or wrecked on a trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]

[Family Accompanying the Insured Coverage]

The Covered Accident must take place while a Covered Person's Dependent:

1. is accompanying the Insured or on his or her way to join the Insured; and
2. when the trip is authorized by and/or paid for in whole or in part by the Policyholder; and
3. while the Insured is covered during the course of the coverage described in the Policy.]

[Family Relocation Trip Coverage]

The Covered Accident of an Insured's Dependent must take place during the course of the Family Relocation Trip.

“Family Relocation Trip” means a trip made by an Insured’s Dependent in connection with the Insured’s transfer or proposed transfer by the Policyholder to a new worksite. Such trip must be authorized by, or taken at the direction of, the Policyholder and/or must be paid for in whole or in part by the Policyholder.]

[[Foreign] Business Travel Coverage (24 Hour Coverage)

The Covered Accident [or Sickness] must take place while:

1. traveling or making a short stay of [three-twelve] months or less [outside of the United States][away from the Covered Person’s Home Country]; and
2. on business for the Policyholder; and
3. in the course of the Policyholder’s business.

This coverage will start at the actual start of the Trip. It does not matter whether the Trip starts at the Covered Person’s home, place of work, or other place. It will end on the first of the following dates to occur:

1. the date a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date a Covered Person makes a Personal Deviation.

“Personal Deviation” means:

1. an activity that is not reasonably related to the Policyholder’s business/activities; and
2. not incidental to the purpose of the Trip.]

[Full Occupational Coverage [(including Business Travel)]

The Covered Accident [or Sickness] must take place:

1. on the Policyholder’s premises; and
2. in the course of a Covered Person’s job[; or
3. on a business trip authorized by the Policyholder].

This coverage does not include commuting between home and the place of work.

[This coverage will start at the actual start of the trip. It does not matter whether the trip starts at the Covered Person’s home, place of work, or other place. It will end on the first of the following dates to occur:

1. the date a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date the Covered Person makes a Personal Deviation.

“Personal Deviation” means:

1. an activity that is not reasonably related to the Policyholder’s business/activities; and
2. not incidental to the purpose of the trip.]]

[Hijacking and Air Piracy Coverage

The Covered Accident [or Sickness] must take place during the:

1. hijacking of an Aircraft;
2. air piracy; or
3. unlawful seizure or attempted seizure of an Aircraft.]

[Non-Employee Director Coverage

The Covered Accident [or Sickness] must take place while the non-employee director (the Insured) is traveling to, during the course of, or returning from:

1. a meeting of the Policyholder’s management committee or other similar duties; or
2. a trip taken at the Policyholder’s request; or
3. any trip to which the Insured director received reimbursement from the Policyholder for expenses or services performed.

All such trips must be authorized by the Policyholder.

This coverage does not include:

1. commuting between the Insured's home and place of work; or
2. Personal Deviations by the Insured.

This coverage will start at the actual start of the trip. It does not matter whether the trip starts at the Insured's home, place of work, or other place. It will end on the first of the following dates to occur:

1. the date the Insured returns to his or her home;
2. the date the Insured returns to his or her place of work; or
3. the date the Insured makes a Personal Deviation.

"Personal Deviation" means:

1. an activity that is not reasonably related to the Policyholder's business; and
2. not incidental to the purpose of the trip.]

[Owned Aircraft Not Covered – Benefits will not be paid if loss occurs on an aircraft owned, leased or controlled by the Policyholder, or any of the Policyholder's affiliates. An aircraft will be deemed "controlled" by the Policyholder if the Policyholder may use it for more than 10 straight days, or more than 15 days in any year.]

**[Owned Aircraft
(Business [and Pleasure] Travel)**

The Covered Accident [or Sickness] must take place while:

1. the Covered Person is riding in, or getting on or off of, a covered aircraft; or
2. as a result of a Covered Person being struck by a covered aircraft.
3. away from the Policyholder's premises in the Covered Person's city of permanent assignment;
4. on business for the Policyholder; and
5. in the course of the Policyholder's business.

This coverage will start at the actual start of the trip. It does not matter whether the trip starts at the Covered Person's home, place of work, or other place. It will end on the first of the following dates to occur:

1. the date a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date a Covered Person makes a Personal Deviation.

"Personal Deviation" means:

1. an activity that is not reasonably related to the Policyholder's business/activities; and
2. not incidental to the purpose of the trip.

Any Exclusion contained in Section 9 pertaining to air travel is waived only to the extent of the specific circumstances contained in this Hazard and is still in force for all other circumstances.]

**[Pilots' [and Crew Members'] Coverage
(Business [and Pleasure] Travel)**

The Covered Accident [or Sickness] must take place while:

1. traveling as a licensed pilot [or member of the crew];
2. on business for the Policyholder; and
3. in the course of the Policyholder's business.

[All such trips must be authorized by the Policyholder.]

The Covered Accident [or Sickness] must take place while a Covered Person is flying as a licensed pilot [or member of the crew] of the aircraft described below.

[Description of Aircraft Covered:

{The Schedule of Benefits will list type of Aircraft, license number and passenger seating capacity.}

[e.g. Boeing 727, License # PA12345, passenger seating capacity: 45]]

Any Exclusion contained in Section 9 pertaining to air travel is waived only to the extent of the specific circumstances contained in this Hazard and is still in force for all other circumstances.]

**[Private Passenger Automobile Coverage
(Business [and Pleasure] Travel)**

We will pay the benefits described in the Policy for any Injuries caused by a Covered Accident that happens while a Covered Person is operating, as a licensed driver, a private passenger automobile.

We will not pay benefits if:

1. the automobile was being used as a taxicab, bus, or other public conveyance; or
2. the Covered Person was driving for pay or hire; or
3. the Covered Person was taking part in a race of speed contest.

Unless otherwise specified, We will pay benefits only once for a Covered Accident.]

**[Scheduled Airlines and Military Air Transport Coverage
(Business [and Pleasure] Travel)**

The Covered Accident [or Sickness] must take place while on the business of the Policyholder, and:

1. while riding as a passenger in or on (including getting in or out of, or on or off of):
 - a. any civilian aircraft operated by any scheduled air carrier, but only if the civilian aircraft is then being used for any chartered flight operated by the scheduled air carrier; or
 - b. any Military Air Transport Aircraft; or
2. by being struck or run down by any aircraft; or
3. while riding as a passenger in or on (including getting in or out of, or on or off of), any land or water conveyance licensed for the transportation of passengers for hire, but only while traveling directly to an airport immediately before departure, or directly from an airport immediately after arrival, of an aircraft that is to be used by, or that was used by, the Covered Person as described in 1 above.

Any Exclusion contained in Section 9 pertaining to air travel is waived only to the extent of the specific circumstances contained in this Hazard and is still in force for all other circumstances.]

[Specified Trip Coverage (24 Hour Coverage)

The Covered Accident [or Sickness] must take place while:

1. traveling or making a short stay of [three-twelve] months or less [outside of the United States][away from the Covered Person's Home Country]; and
2. on business for {the Policyholder }; and
3. in the course of the Policyholder's business; and
4. on the trip described in the Schedule of Benefits.

[This coverage will start at the actual start of the trip. It does not matter whether the trip starts at the Covered Person's home, place of work, or other place. It will end on the first of the following dates to occur:

1. the date a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date a Covered Person makes a Personal Deviation.

"Personal Deviation" means:

1. an activity that is not reasonably related to the Policyholder's business/activities; and
2. not incidental to the purpose of the trip.]]

[Sponsored Activities

The Covered Accident [or Sickness] must take place:

1. on the premises of the Policyholder during normal hours of operation; or
2. on the premises of the Policyholder during other periods if attending or participating in a Covered Activity; or
3. away from the premises of the Policyholder while attending or participating in a Covered Activity at its scheduled site.

[Travel Coverage: The Covered Activity includes travel without deviation or interruption between home and the site of the Covered Activity.

Benefits are paid as described in the Policy if the Covered Accident [or Sickness] occurs while the Covered Person is in a vehicle:

1. operated by a properly licensed driver over the age of [19, 21, 23, 24, 25] who is under the direct supervision of the Policyholder; and
2. travel time does not exceed [1 –24] hours each way.

Travel time includes the time:

1. to or from home and the premises of the Covered Activity;
2. before the appointed time; and
3. after the Covered Activity is completed.]]

[24 Hour Coverage

We will pay the benefits described in the Policy when a Covered Person suffers a Covered Loss any time while insured by the Policy. Unless otherwise specified, We will pay benefits only once for a Covered Loss.]

[Aircraft Restrictions

If the Covered Accident happens while a Covered Person is riding in, or getting on or off of, an aircraft, We will pay benefits, but only if:

- [1. he or she is riding as a passenger only, and not as a pilot or member of the crew; and]
- [2.] the aircraft has a valid certificate of airworthiness; and
- [3.] the aircraft is flown by a pilot with a valid license; and
- [4.] the aircraft is not being used for: (i) crop dusting, spraying, or seeding; fire fighting; sky writing; sky diving or hang gliding; pipeline or power line inspection; aerial photography or exploration; racing, endurance tests, stunt or acrobatic flying; or (ii) any operation which requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on).
5. a military aircraft, other than transport aircraft flown by the U.S. Military Airlift Command (MAC), or a similar air transport service of another country.]

SECTION 8: SCOPE OF COVERAGE

{Benefits may be available on a limited primary, primary excess, limited primary excess, or fully excess basis at the election of the Policyholder. Based on this election the appropriate text will be included in the policy when issued.}

[Limited Primary Benefits

We pay the first [\$100 to \$1,000] of covered Medical Expenses:

1. after the Covered Person satisfies any Deductible; and
2. based on Our pro rata share.

“Pro rata” means the portion of the total benefits payable under the Policy, in the absence of other insurance, relative to the total benefits payable under all Health Care Plans. In no event will the total benefits payable exceed 100% of the incurred expense.

No further benefits will be paid until a Covered Person has incurred an additional [\$500-\$10,000] of Covered Expenses. We then pay Covered Expenses described in the Policy without regard to any other Health Care Plan.]

[Primary Excess Benefits

We pay the first [\$100 to \$500] of covered Medical Expenses without regard to any other Health Care Plan benefits payable for the Covered Person. We will then pay expenses:

1. after the Covered Person satisfies any Deductible; and
2. only when they are in excess of any amounts payable by any other Health Care Plan.

We pay benefits without regard to any Coordination of Benefits provisions in any other Health Care Plan.]

[Limited Primary Excess Benefits

We pay the first [\$100 to \$1,000] of covered Medical Expenses:

1. after the Covered Person satisfies any Deductible; and
2. based on Our pro rata share.

“Pro rata” means the portion of the total benefits payable under the Policy, in the absence of other insurance, relative to the total benefits payable under all valid and collectible Health Care Plans. In no event will the total benefits payable exceed 100% of the incurred expense. No further benefits will be paid until a Covered Person has incurred an additional [\$500-\$10,000] of Covered Expenses. We will then only pay benefits in excess of all other valid and collectible Health Care Plan benefits. This means that we will only pay if such other benefits are used up regardless of any Coordination of Benefits provision of any other plan.]

[Full Excess Benefits

We pay Covered Expenses:

1. after the Covered Person satisfies any Deductible; and
2. only when they are in excess of amounts paid by any other Health Care Plan.

We pay benefits without regard to any Coordination of Benefits provisions in any other Health Care Plan.]

[Coordination of Benefits

If a Covered Person is eligible for benefits under this policy and any other plan, We will pay benefits as explained in this provision.

“Plan” means a group insurance plan or health service corporation group membership plan or any other group benefit plan providing medical or dental care benefits or services. These group coverages include: a) group or blanket insurance coverage, or any other group type contract or

provision; b) service plan contracts, group practice and other pre-payment group coverage; c) any coverage under labor-management trustee plans, union welfare plans, employer and employee plans; and coverage under any government program, including Medicare, and any coverage required or provided by law. A primary plan pays benefits first. A secondary plan pays a reduced amount of benefits that when added to the benefits paid by the primary plan will not be more than the Allowable Expenses.

“Allowable Expenses” means any necessary, reasonable and customary item of expense, a part of which is covered by at least one of the Plans covering the Covered Person. During any Policy year or benefit period, the sum of the benefits that are payable by Us and those benefits that are payable from another Plan may not be more than the Allowable Expenses. During any Policy year or benefit period, We may reduce the amount We pay so that this reduced amount plus the amount payable by the other Plans will not be more than the Allowable Expenses.

Allowable Expenses under the other Plan include benefits that would have been payable if a claim had been made. However, if: 1) the other Plan contains a section that provides for determining its benefits after Our benefits have been determined; and 2) the order of benefit determination stated in this Policy would require Us to determine benefits before the other Plan, then the benefits of such other Plan will be ignored in determining the benefits We will pay.

This Policy determines its order of benefits using the first of the following rules that applies:

1. If the other Plan does not have a Coordination of Benefits, that Plan pays first.
2. The benefits of the Plan that covers the person as an employee, member or subscriber are determined before those of the Plan that covers the person as a Dependent.
3. If this Policy and another Plan cover the same child as a Dependent of different parents who are not divorced or separated or divorced:
 - A. the benefits of the Plan of the parent whose birthday falls earlier in the year (without regard to the year of birth) are paid before the benefits of the Plan of the parent whose birthday falls later in the year;
 - B. if both parents have the same birthday, the benefits of the Plan that covered the parent longer pays benefits before the benefits of the Plan that covered the other parent for a shorter time. However, if the Plans do not agree on the order of benefits, the rule of the other Plan will determine the order of benefits.
4. If two or more Plans cover a person as a Dependent child of divorced or separated parents, benefits will be determined in this order:
 - A. first, the Plan of the parent with custody of the child;
 - B. then, the Plan of the spouse of the parent with custody of the child; and
 - C. finally, the Plan of the parent not having custody of the child.
5. If none of the above rules determines the order of benefits, the benefits of the Plan that covered an employee, member or subscriber longer are determined before those of the Plan that covered that person for the shorter time.

In order to determine how this provision should apply, We may without further consent or notice release to, or obtain from, any other insurance company or organization, any necessary information. Any person claiming benefits under the Policy shall give Us the information We need to implement this provision. We will give the Insured notice of this exchange of claim and benefit information when the claim is filed. Whenever payments are made by another Plan that should have been paid under the Policy, We shall pay any amount required to satisfy our share of the benefits paid. Any amounts paid in this way will be considered benefits paid under the Policy. Any payment made in good faith will end our liability to the extent of the payment.

If We pay benefits for Allowable Expenses that exceed our obligation under this provision, We may recover the excess payment. We may recover these excess payments from any person, for

whom benefits were paid, or to any person or organization to which benefits were paid, or from any other insurer, service plan or other organization.]

SECTION 9: EXCLUSIONS

{Each Exclusion may be included as shown or deleted based on the plan of benefits selected by the Policyholder. Bracketed phrases will be included as shown or deleted.}

We will not pay benefits for any [Accidental Death and Dismemberment] loss or Injury that is caused by, or results from:

- [1. intentionally self-inflicted Injury.]
- [2. suicide or attempted suicide.]
- [3. war or any act of war, whether declared or not.]
- [4. service in the military, naval or air service of any country.]
- [5. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.]
- [6. piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.]
- [7. commission of, or attempt to commit, a felony, an assault or other illegal activity.]
- [8. active participation in a riot, or insurrection.]
- [9. *{Each item here will be in-or-out.}* bungi-cord jumping, parachuting, skydiving, parasailing, hang-gliding, motorcycling, scuba diving, jet, snow or water skiing, mountain climbing (where ropes or guides are used), amateur racing, piloting an aircraft, spelunking, whitewater rafting, surfing, and parasailing..]
- [10. flight in, boarding or alighting from an aircraft or any craft designed to fly above the Earth's surface, except as:
 - [a. a fare-paying passenger on a regularly scheduled commercial or charter airline];
 - [b. a passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight];
 - [c. a passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent].
- [11. flight in, boarding or alighting from an aircraft or any craft designed to fly above the Earth's surface]:
 - [a. except as a fare-paying passenger on a regularly scheduled commercial airline];
 - [b. being flown by the Covered Person or in which the Covered Person is a member of the crew];
 - [c. being used for: *{Each item below will be in-or-out.}*
 - [i. crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying]; or
 - [ii. any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on);]
 - [d. designed for flight above or beyond the earth's atmosphere];
 - [e. an ultra-light or glider];
 - [f. being used for the purpose of parachuting or skydiving];
 - [g. being used by any military authority, except an aircraft used by the Air Mobility Command or its foreign equivalent.]
- [12. travel in or on any on-road or off-road motorized vehicle not requiring licensing as amotor vehicle.]

- [13. an Accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participating in Driver's Education Program.]
- [14. medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice.]
- [15. travel in any aircraft owned, leased or controlled by the Policyholder[, or any of its subsidiaries or affiliates. An aircraft will be deemed to be "controlled" by the Policyholder if the aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year.]]
- [16. the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred.]
- [17. alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Doctor.]
- [18. an Accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.]
- [19. a cardiovascular malfunction or stroke caused solely and exclusively by exertion, as verified by a Doctor, while the Covered Person participates in a Covered Activity.]
- [20. aggravation, during a Covered Activity, of an injury the Covered Person suffered before participating in that Covered Activity, unless We receive a written medical release from the Covered Person's Doctor prior to engaging in the Covered Activity.]
- [21. flight in any aircraft owned or leased by the Policyholder.]
- [22. the Covered Person being under the influence of drugs or intoxicants, unless taken under the advice of a Doctor.]
- [23. Injury [or Sickness] where the Covered Person's Trip to the host country is undertaken for treatment or advice for such Injury [or Sickness], except as provided in the Policy.]

{Different Exclusion may apply to Medical Expense Benefits, so each Exclusion may be included as shown or deleted based on the plan of benefits selected by the Policyholder. Bracketed phrases will be included as shown or deleted.}

[In addition to the exclusions above, We will not pay Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:

- [1. intentionally self-inflicted Injury.]
- [2. suicide or attempted suicide.]
- [3. war or any act of war, whether declared or not.]
- [4. Pre-Existing Conditions, as defined herein.]
- [5. treatment [by persons employed or retained by a Policyholder, or] by any Immediate Family Member or member of the Covered Person's household.]
- [6. treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances.]
- [7. [treatment of hernia,] [Osgood-Schlatter's Disease,] [osteochondritis,] [appendicitis,] [osteomyelitis,] [cardiac disease or conditions,] [pathological fractures,] [congenital weakness,] [detached retina unless caused by an Injury,] [or mental disorder or psychological or psychiatric care or treatment,] [whether or not caused by a Covered Accident [or Sickness]].]
- [8. pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions. This does not apply if treatment is required as a result of a Covered Accident.]
- [9. mental and nervous disorders].]
- [10. damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the Policy).]

- [11. expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofacial pain.]
- [12. Injury or Sickness covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits [or while engaging in activity for monetary gain from sources other than the Policyholder].]
- [13. Injury or loss contributed to by the use of drugs unless administered by a Doctor.]
- [14. Injury or death to which a contributing cause is the Covered Person's violation or attempt to violate any duly-enacted law[, or the commission or attempt to commit an assault or a felony][, or that occurs while the Covered Person is engaged in an illegal occupation].]
- [15. Injury or death caused while riding in or on, entering into or alighting from, or being struck by a 2 or 3-wheeled motor vehicle or a motor vehicle not designed primarily for use on public streets and highways.]
- [16. blood, blood plasma,] [or blood storage,] except expenses by a Hospital for processing or administration of blood.]
- [17. cosmetic surgery, except for reconstructive surgery needed as the result of an Injury [or Sickness].]
- [18. any elective treatment, surgery, health treatment, or examination[, including any service, treatment or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States].]
- [19. [eyeglasses], [contact lenses], [hearing aids], [wheelchairs], [braces], [appliances], [examinations or prescriptions for them], [or repair or replacement of [existing] artificial limbs], [orthopedic braces], or [orthotic devices].]
- [20. expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited).]
- [21. treatment of Injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in the Covered Activity.]
- [22. treatment or service provided by a private duty nurse.]
- [23. replacement of [artificial limbs], [eyes] [and] [larynx].]
- [24. eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless caused by an Injury incurred while covered under the Policy.]
- [25. covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.]
- [26. conditions that are not caused by a Covered Accident [or Sickness].]
- [27. participation in any activity or hazard not specifically covered by the Policy.]
- [28. any treatment, service or supply not specifically covered by the Policy.]
- [29. any treatment, services or supplies received by the Covered Person that are incurred or received while he or she is in his or her Home Country.]
- [30. personal comfort or convenience items. These include but are not limited to: Hospital telephone charges; television rental; or guest meals.]
- [31. pregnancy or childbirth. This does not apply if treatment is required as a result of a Covered Accident.]
- [32. routine nursery care.]
- [33. routine physicals.]
- [34. cosmetic or plastic surgery, except as a result of Injury.]
- [35. elective surgery.]
- [36. any mental or nervous disorder or rest cures.]
- [37. substance abuse. This includes abuse of alcohol, drugs or any narcotic agent.]
- [38. birth defects and congenital anomalies; or complications which arise from such conditions.]
- [39. new eye glasses or contact lenses; eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses; or repair or replacement of existing eye glasses or contact lenses.]
- [40. routine dental care and treatment.]
- [41. expenses incurred during holiday travel.]

- [42. rest cures or custodial care.]
- [43. any condition for which the Covered Person is entitled to benefits under any Workers' Compensation Act or similar law (applies only if Occupational Coverage is selected).]
- [44. organ or tissue transplants and related services.]
- [45. Injury [or Sickness] that occurs while the Covered Person has been determined to be legally intoxicated as determined according to the laws of the jurisdiction in which the Injury [or Sickness] occurred, or under the influence of any narcotic, barbiturate, or hallucinatory drug, unless administered by a Doctor and taken in accordance with the prescribed dosage.]
- [46. Injury sustained while participating in [amateur], [club], [intramural], [interscholastic], [intercollegiate], [professional] [or] [semiprofessional sports].]
- [47. confinement or institutional care.]
- [48. maternity and routine nursery care.]
- [49. any expenses covered by any other employer or government sponsored plan for which, and to the extent that the Covered Person is eligible for reimbursement.]
- [50. services, supplies, or treatment including any period of Hospital confinement which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses which are non-medical in nature.]
- [51. treatment relating to birth defects and congenital conditions, or complications arising from those conditions.]
- [52. sexually transmitted diseases or immune deficiency disorders and related conditions. This exclusion does not apply to the care or treatments of Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immunodeficiency Virus (HIV) infection, or any illness or disease arising from these medical conditions.]
- [53. expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered Injury [or Sickness].]
- [54. expenses incurred for birth control including surgical procedures and devices.]
- [55. [nasal or sinus surgery, except surgery made necessary as the result of a covered Injury] [a deviated nasal septum including sub mucous resection and surgical correction thereof.]]
- [56. expenses incurred in connection with weak, strained or flat feet, corns, calluses or toenails.]
- [57. treatment of acne.]

SECTION 10: CLAIM PROVISIONS

Notice Of Claim: A claimant must give Us or Our authorized representative written (or authorized electronic or telephonic) notice of claim within 90 days after any loss covered by the Policy occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify the Covered Person and the Policy Number.

Claim Forms: Upon receiving written notice of claim, We will send claim forms to the claimant within 15 days. If We do not furnish such claim forms, the claimant will satisfy the requirements of written proof of loss by sending the written (or authorized electronic or telephonic) proof as shown below. The proof must describe the occurrence, extent and nature of the loss.

Proof Of Loss: Written (or authorized electronic or telephonic) proof of loss must be sent to the agent authorized to receive it. Written (or authorized electronic or telephonic) proof must be given within 90 days after the date of loss. If it cannot be provided within that time, it should be sent as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted if it is sent later than one year from the time proof is otherwise required.

Claimant Cooperation Provision: Failure of a claimant to cooperate with Us in the administration of a claim may result in the delay or termination of a claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Time Payment Of Claims: Any benefits due will be paid immediately after We receive written (or authorized electronic or telephonic) proof of loss.

Payment Of Claims: If the Covered Person dies, any death benefits or other benefits unpaid at the time of the Covered Person's death will be paid to the beneficiary. If no beneficiary is on record with Us or Our authorized agent, payment will be made to the first surviving class of the following to the Covered Person's:

1. spouse;
2. children, in equal shares (If a child is a minor, benefits will be paid to the legal guardian);
3. mother or father;
4. estate.

All other benefits due and not assigned will be paid to the Covered Person, if living.

Otherwise, the benefits may, at our option, be paid:

1. according to the beneficiary designation; or
2. to the Covered Person's estate.

If a benefit due is payable to:

1. the Covered Person's estate; or
2. the Covered Person or a beneficiary who is either a minor or is not competent to give a valid release for the payment,

We may pay any amount due to some other person. The other person will be one who we believe is entitled to the payment and who is related to the Covered Person or the beneficiary by blood or marriage. We will be relieved of further responsibility to the extent of any payment made in good faith.

[We may pay benefits directly to any Hospital or person rendering covered services, unless the Covered Person requests otherwise in writing. The Covered Person must make the request no later than the time he or she files a written proof of loss.]

Beneficiary: The Insured may designate a beneficiary. The Insured has the right to change the beneficiary at any time by written (or electronic and telephonic) notice. If the Insured is a minor, his or her parent or guardian may exercise this right for him or her. The change will be effective when We or Our authorized agent receive it. When received, the effective date is the date the notice was signed. We are not liable for any payments made before the change was received. We cannot attest to the validity of a change.

[The Insured is the beneficiary for any covered Dependent.]

Assignment: At the request of the Covered Person or his or her parent or guardian, if the Covered Person is a minor, medical benefits may be paid to the provider of service. Any payment made in good faith will end our liability to the extent of the payment.

Physical Examinations And Autopsy: We have the right to have a Doctor of Our choice examine the Covered Person as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being paid. We also have the right to request an autopsy in the case of death, unless the law forbids it. We will pay the cost of the examination or autopsy.

Legal Actions: No lawsuit or action in equity can be brought to recover on the Policy: (1) before 60 days following the date proof of loss was given to Us; or (2) after 3 years following the date proof of loss is required.

[Recovery of Overpayment or Error: If benefits are overpaid, or paid in error, We have the right to recover the amount overpaid, or paid in error, by any or all of the following methods:

1. A request for lump sum payment of the amount overpaid, or paid in error.
2. Reduction of any proceeds payable under the Policy by the amount overpaid, or paid in error.
3. Taking any other action available to Us.]

[Subrogation: We may recover any benefits paid under the Policy to the extent a Covered Person is paid for the same Injury [or Sickness] by a third party, another insurer, or the Covered Person's uninsured motorists insurance. We may only be reimbursed to the amount of the Covered Person's recovery. Further, We have the right to offset future benefits payable to the Covered Person under the Policy against such recovery.

We may file a lien in a Covered Person's action against the third party and have a lien on any recovery that the Covered Person receives whether by settlement, judgment, or otherwise, and regardless of how such funds are designated. We shall have a right to recovery of the full amount of benefits paid under the Policy for the Injury [or Sickness], and that amount shall be deducted first from any recovery made by the Covered Person. We will not be responsible for the Covered Person's attorney's fees or other costs.

Upon request the Covered Person must complete the required forms and return them to Us or Our authorized agent. The Covered Person must cooperate fully with Us or Our representative in asserting its right to recover. The Covered Person will be personally liable for reimbursement to Us to the extent of any recovery obtained by the Covered Person from any third party. If it is necessary for Us to institute legal action against the Covered Person for failure to repay Us, the Covered Person will be personally liable for all costs of collection, including reasonable attorneys' fees.]

SECTION 11: PREMIUM PROVISIONS

Premiums: The premiums for the Policy will be based on the rates currently in force, the plan, and amount of insurance in effect.

Changes In Premium Rates: We may change the premium rates from time to time with at least [31-60] days advanced written notice. No change in rates will be made until [12-24] months after the Policy Effective Date. [An increase in rates will not be made more often than once in a [6-12] month period.] However, We reserve the right to change rates at any time if any of the following events take place.

1. The terms of the Policy change.
2. A division, subsidiary, affiliated organization or eligible class is added or deleted from the Policy.
3. There is a change in the factors bearing on the risk assumed.
4. There is a misrepresentation in the information We relied on in establishing the rate.
5. Any federal or state law or regulation is amended to the extent it affects Our benefit obligation.

If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a pro rata adjustment will apply from the date of the change to the next Premium Due Date.

Payment of Premium: The first premium is due on the Policy Effective Date. After that, premiums will be due annually unless We agree with the Policyholder on some other method of premium payment. The Policyholder shall remit the premium to Us.

If any premium is not paid when due, the Policy will be canceled as of the Premium Due Date, except as provided in the Policy Grace Period section.

Policy Grace Period: A Policy Grace Period of 31 days will be granted for the payment of the required premiums. The Policy will remain in force during the Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end upon the expiration of the Grace Period. The Policyholder will be liable to Us for any unpaid premium for the time the Policy was in force.

SECTION 12: GENERAL PROVISIONS

Entire Contract; Changes: The Policy (including any endorsements or amendments), and the signed application of the Policyholder are the entire contract. Any statements made by the Policyholder or Covered Persons will be treated as representations and not warranties. No such statement shall void the insurance, reduce the benefits, or be used in defense of a claim for loss incurred unless it is contained in a written application and a copy is provided to the person who made such statement (or their beneficiary or representative).

To be valid, any change or waiver must be in writing. It must be signed by our President or Secretary and be attached to the Policy. No agent has authority to change or waive any part of the Policy.

Policy Effective Date And Termination Date: The Policy begins on the Policy Effective Date at 12:01 AM Standard Time at the address of the Policyholder where the Policy is delivered. Policyholder Either We or the Policyholder may terminate the Policy on any Premium Due Date by giving 31 days advance written notice to the other party. The Policy may be terminated at any time by mutual written consent of the Policyholder and Us. The Policy terminates automatically on the earlier of: 1) the end of the Policy Term shown in the Schedule of Benefits; or 2) the Premium due date if Premiums are not paid when due, subject to the Grace Period. Termination takes effect at 12:01 AM Standard Time at the Policyholder's address on the date of termination.

Clerical Error: If a clerical error is made, it will not affect the insurance of any Covered Person. No error will continue the insurance of a Covered Person beyond the date it should end under the Policy terms.

{The Reporting Requirements provision will be included as shown or deleted.}

[Reporting Requirements

the Policyholder or its authorized agent must report all of the following to Us by the premium due date:

1. the names of all persons insured on the Policy Effective Date;
2. the names of all persons who are insured after the Policy Effective Date;
3. the names of those persons whose insurance has terminated;
4. any additional information required by Us.]

Examination Of Records And Audit: We shall be permitted to examine and audit the Policyholder's books and records at any time during the term of the Policy and within 2 years after the termination of the Policy as they relate to the premiums or subject matter of this insurance.

Certificates Of Insurance: Where it is required by law, or upon the request of the Policyholder, We will make available certificates outlining the insurance coverage and to whom benefits are payable under the Policy.

Conformity With State Laws: On the effective date of the Policy, any provision that is in conflict with the laws in the state where it is issued is amended to conform to the minimum requirements of such laws.

Not In Lieu Of Workers' Compensation: The Policy is not a Workers' Compensation policy. It does not provide Workers' Compensation benefits.



Starr Indemnity & Liability Company

Dallas, Texas

Administrative Office: [90 Park Avenue, 7th Floor, New York, NY 10016]

MASTER APPLICATION

Application is made by [ABC Policyholder] (the Policyholder)
for Blanket Business Travel Insurance as shown on the attached Schedule of Benefits.

All statements made by the Policyholder in this Application will be deemed representations and not warranties.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

The terms of the Policy are hereby approved and accepted by the named Policyholder. The Policy will take effect on the Effective Date specified on the Policy.

Date

Date

Authorized Signature

[Licensed Resident] Agent's Signature

Officer's Name

[Licensed Resident] Agent's Name

Title

[Licensed Resident Agent ID#]



Starr Indemnity & Liability Company

Dallas, Texas

Administrative Office: [90 Park Avenue, 7th Floor, New York, NY 10016]

POLICY RENEWAL RIDER

This Rider is attached to and made a part of Policy Number [12345] issued to [ABC Policyholder] (the Policyholder).

Effective [12/01/09], the Policy is renewed as follows:

POLICY TERM: [December 1, 2009 – December 1, 2009]

PREMIUM RATES: [\$XXX.XX per year]

In all other respects, the Policy remains the same.

Signed for the Company:

[Richard N. Shaak], President

[Honora M. Keane], General Counsel



Starr Indemnity & Liability Company

Dallas, Texas

Administrative Office: [90 Park Avenue, 7th Floor, New York, New York 10016]

Foreign National Facility of Payment Rider

This **Rider** is attached to and made a part of **Policy Number** [12345] issued to [ABC Policyholder] (**the Policyholder**).

Effective [12/01/09], the **Policy** and **Certificate** are hereby amended as follows:

A) The following is added to the Beneficiary provision appearing in Section 10 – Claim Provisions:

- 1) If an Insured entitled to receive a Benefit Amount for a covered Loss, or a designated Beneficiary or other person entitled to receive a Benefit Amount for Loss of Life, is a Foreign National, and We are unable to make payment directly to such Foreign National as a matter of law in the jurisdiction where such Foreign National is located, then:
 - i. We will pay an account of such Foreign National in the United States of America; or
 - ii. if We are unable to make payment as per (i) above because such Foreign National is unable or unwilling to identify an account in the United States of America, then We will pay the Policyholder on behalf of such Foreign National. It shall then be the responsibility of the Policyholder to remit payment of the Benefit Amount for Loss of Life or other Benefit Amount to such Foreign National. Nothing herein shall be construed as a designation of the Policyholder as the Insured Person's beneficiary.
- 2) If an Insured entitled to receive a Benefit Amount for a covered Loss, or a designated Beneficiary or other person entitled to receive a Benefit Amount for Loss of Life, is a United States citizen resident in a jurisdiction other than the United States of America, and We are unable to make payment directly to such Insured, designated Beneficiary or other person as a matter of law in the jurisdiction where such person is located, then We will pay an account of such Insured, designated Beneficiary or other person located in the United States of America.
- 3) Payment to the Policyholder of a Benefit Amount for Loss of Life or other Benefit Amount for covered Loss under the Policy, pursuant to the procedures set forth above, shall fully release Us from any and all liability to the Policyholder for such covered Loss. If the Policyholder fails to timely remit Our payment for covered Loss to any Insured, designated Beneficiary or other person per the procedures set forth above, then the Policyholder shall indemnify Us and hold Us harmless against any and all liability incurred by Us, including but not limited to interest, penalties and attorneys' fees, resulting from such failure to remit payment.

If We must make a second payment for such covered Loss to an Insured, designated Beneficiary or other person (whether in the United States of America or otherwise), then We shall be fully released from any and all liability for such covered Loss to such Insured, designated Beneficiary or other person to the extent of Our second payment and the Policyholder shall repay to Us any amounts received from Us for such covered Loss.

B) Section 2 – Definitions is amended to add the following definition:

“**Foreign National**” means an Insured, designated Beneficiary of an Insured or other person entitled to receive a Benefit Amount for Loss of Life or other Benefit Amount for covered Loss under the Policy, who is:

- 1) A citizen of a jurisdiction other than the United States of America; and
- 2) Resident in a jurisdiction other than the United States of America.

All other terms and conditions of the **Policy** and **Certificate** remain unchanged.

Signed for the **Company**:



[Richard N. Shaak], President



[Honora M. Keane], General Counsel



Starr Indemnity & Liability Company

Dallas, Texas

Administrative Office: [90 Park Avenue, 7th Floor, New York, NY 10016]

WAR RISK COVERAGE RIDER

{Explanation of Variables Note: Each bracketed phrase will be in-or-out. Bracketed numeric ranges shown are the actual ranges to be used.}

This Rider is attached to and made a part of Policy Number [12345] issued to [ABC Policyholder] (the Policyholder).

Effective [12/01/09], the Policy and Certificate are hereby amended as follows:

In consideration of payment of any additional required premium, War Risk Coverage is added to the Policy.

Any Exclusion for War in Section 9 – Exclusions is replaced with the following:

The Policy [will only] [will not] cover Loss resulting from war or act of war, whether declared or not, occurring within the geographical limits, the territorial waters or the airspace above:

- 1) [list countries]; [or
- 2) any country in which the Insured is employed temporarily for [3-12] months or longer].

The Policyholder is required to give Us the following data:

- 1) The names of Covered Persons;
- 2) business trip(s) and/or temporary employment assignment(s) to countries outside the United States or Canada;
- 3) class and benefit amount(s); and
- 4) date(s) and duration of stay.

Upon receipt of the requested data, We will calculate the premium. The Policyholder is required to promptly pay Us any additional premium.

If warlike conditions develop or increase in any country worldwide, We reserve the right to exclude any country from War Risk Coverage or charge an additional premium subject to the Policyholder providing Us with the requested exposure data.

Any change will not be effective until the [11th-61st] day following the date We send notice to the Policyholder.

Cancellation: The Policyholder may cancel this War Risk Coverage at any time by sending written notice to Us. Cancellation will become effective on the later of the date of receipt or the date requested. We may cancel this coverage at any time by sending written notice to the Policyholder at least [10-60] days prior to the effective date of cancellation.

In all other respects, the Policy and Certificate remain the same.

Signed for the Company:

[Richard N. Shaak], President

[Honora M. Keane], General Counsel



Starr Indemnity & Liability Company

Dallas, Texas

Administrative Office: [90 Park Avenue, 7th Floor, New York, NY 10016]

ARKANSAS ENDORSEMENT

This Endorsement is attached to and made a part of Policy Number [12345] issued to [ABC Policyholder] (the Policyholder).

Effective [12/01/09], the Policy and Certificate are hereby amended as follows:

[SECTION 2: DEFINITIONS]

If coverage for Dependents is included, the last paragraph of the Definition of "Dependent" is replaced with the following:

The limiting age shall not apply to Your unmarried child who is incapable of self-support due to a mental or physical incapacity. We will require notice of the child's incapacity and dependency. In no event, however, will this requirement preclude eligible Dependents regardless of age. If dependency or incapacity is removed or terminated You must notify Us.]

[SECTION 3: ELIGIBILITY FOR INSURANCE]

If coverage for Dependents is included, the following is added:

In the case of minor children under the Insured's charge, care and control for whom the Insured has filed a petition to adopt, coverage will be effective:

1. From the date of birth if the petition for adoption is filed within 60 days of the date of birth; or
2. On the date of the filing of the petition for adoption.

Coverage will be to the same extent as for other covered Dependent Children.]

SECTION 6: DESCRIPTION OF BENEFITS

[The following is added to the beginning of [B. Medical Expense Benefits][and][C. Additional Benefits], if included:

BENEFIT PAYMENTS ARE PAYABLE AT THE APPLICABLE CO-INSURANCE RATE AND ARE SUBJECT TO THE DEDUCTIBLE AND BENEFIT MAXIMUMS STATED ON THE SCHEDULE OF BENEFITS.]

[If Medical Expense Benefits is included, the following will always be included in the list of Covered Medical Expenses:

1. The following outpatient services provided they would be covered if performed on an inpatient basis: laboratory and pathological tests, including machine tests, ordered by the attending Doctor when necessary to and rendered in conjunction with the medical or surgical diagnosis or treatment of a Covered Accident [or Sickness].]

SECTION 10: CLAIM PROVISIONS

The following is added to the Time Payment Of Claims provision:

1. We shall pay or deny a Clean Claim within 30 days after We receive it if the claim was submitted electronically, or within 45 days after receipt if the claim was submitted by other means.
2. We shall notify the claimant within 30 days after receipt of the claim if We determine that more information is needed to resolve one or more issues. Our notice shall give an explanation of the additional information that is required. We may suspend the claim until We receive the requested information. We shall reopen and pay or deny a previously suspended claim within 30 days after We receive all the information We requested.
3. If We fail to pay or deny a Clean Claim in accordance with item 1. above or give notice in accordance with item 2. above, We shall pay a penalty to the claimant for the period beginning on the sixty-first day after receipt of the Clean Claim and ending on the Clean Claim payment date (the delinquent payment period), calculated as follows: the amount of the Clean Claim payment times 12% per annum times the number of days in the delinquent payment period, divided by 365. Such payment shall be paid without any action by the claimant.
4. If We fail to pay or deny a claim in accordance with item 2. above which is not already subject to the penalty for the claim imposed by item 3. above, We shall pay a penalty to the claimant for the period beginning on the forty-sixth day after the last item of information requested was received and ending on the claim payment date (the delinquent payment period), calculated as follows: the amount of the claim payment times 12% per annum times the number of days in the delinquent payment period, divided by 365. Such payment shall be paid without any action by the claimant.

“Clean Claim” means a claim for payment that is submitted on a HCFA 1500, on a UB92, in a format required by HIPAA, or on Our standard claim form with all required fields completed in accordance with Our published claim filing requirements. A Clean Claim shall not include a claim: (1) for payment of expenses incurred during a period of time for which premiums are delinquent; or (2) for which We need additional information in order to resolve one or more issues.

[If the Subrogation provision is included, the last sentence of the first paragraph is deleted and We will not offset future benefits against any recovery.]

SECTION 12: GENERAL PROVISIONS

The following items are added:

The Insurance Company may be contacted at its Administrative Office:

Starr Indemnity & Liability Company
[90 Park Avenue, 7th Floor
New York, NY 10016
1-800-123-4567]

The Insurance Agent may be contacted at:

[Joseph Agent
123 Main Street
Anytown, AR 12345
1-800-234-5678]

The State Insurance Department may be contacted at:

Arkansas Insurance Department
[1200 West Third Street
Little Rock, AR 72201-1904
1-800-282-9134]

Guaranty Association Notice:

**LIMITATIONS AND EXCLUSIONS UNDER THE
ARKANSAS LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

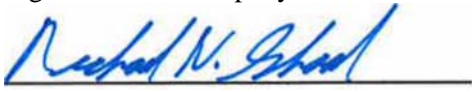
- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution;
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which benefits could be provided out of the assets of the impaired or insolvent insurer.

In all other respects, the Policy and Certificate remain the same.

Signed for the Company:



[Richard N. Shaak], President



[Honora M. Keane], General Counsel

<i>SERFF Tracking Number:</i>	<i>PLIS-126148548</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Starr Indemnity & Liability Company</i>	<i>State Tracking Number:</i>	<i>42377</i>
<i>Company Tracking Number:</i>	<i>AH-12001</i>		
<i>TOI:</i>	<i>H04 Health - Blanket Accident/Sickness</i>	<i>Sub-TOI:</i>	<i>H04.000 Health - Blanket Accident/Sickness</i>
<i>Product Name:</i>	<i>Blanket Business Travel</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	PLIS-126148548	State:	Arkansas
Filing Company:	Starr Indemnity & Liability Company	State Tracking Number:	42377
Company Tracking Number:	AH-12001		
TOI:	H04 Health - Blanket Accident/Sickness	Sub-TOI:	H04.000 Health - Blanket Accident/Sickness
Product Name:	Blanket Business Travel		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied -Name:	Flesch Certification	Review Status:	Approved-Closed	06/09/2009
Comments:				
Attachment:	readability.pdf			

Satisfied -Name:	Application	Review Status:	Approved-Closed	06/09/2009
Comments:	Master Application is new and is included on Form Schedule.			

Satisfied -Name:	cover letter 5-11-09	Review Status:	Approved-Closed	06/09/2009
Comments:				
Attachment:	cover letter 5-11-09.pdf			

Satisfied -Name:	list of forms	Review Status:	Approved-Closed	06/09/2009
Comments:				
Attachment:	list of forms-AR.pdf			

Satisfied -Name:	explanation of variables	Review Status:	Approved-Closed	06/09/2009
Comments:				
Attachment:	explanation of variables.pdf			

Satisfied -Name:	authorization	Review Status:	Approved-Closed	06/09/2009
Comments:				

<i>SERFF Tracking Number:</i>	<i>PLIS-126148548</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Starr Indemnity & Liability Company</i>	<i>State Tracking Number:</i>	<i>42377</i>
<i>Company Tracking Number:</i>	<i>AH-12001</i>		
<i>TOI:</i>	<i>H04 Health - Blanket Accident/Sickness</i>	<i>Sub-TOI:</i>	<i>H04.000 Health - Blanket Accident/Sickness</i>
<i>Product Name:</i>	<i>Blanket Business Travel</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Attachment:

Starr authorization.pdf

Starr Indemnity & Liability Company
Blanket Business Travel Insurance
Policy Form AH-12001 et al.

READABILITY CERTIFICATION

The above captioned policy forms have been Flesch scored. The following items were deleted before the scoring was done:

- (1) the name and address of the insurer;
- (2) the name, number and title of the policy;
- (3) the table of contents;
- (4) captions and subcaptions;
- (5) specification pages, schedules and tables; and
- (6) words that are defined in the policy forms.

The Flesch score attained was 45.3 and therefore exceeds the minimum Readability score.

A handwritten signature in black ink, appearing to read "J. M. Plisky". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

John M. Plisky
Consultant

May 11, 2009

617 UNION AVENUE, UNIT 1-21 ♦ BRIELLE, NJ 08730 ♦ PHONE: (732) 223-0770 ♦ FAX: (732) 223-1776

May 11, 2009

Arkansas Insurance Department
Life and Health Division
1200 West Third Street
Little Rock, AR 72201-1904

Re: Starr Indemnity & Liability Company
 NAIC#: 38318 FEIN: 75-1670124
 H04G Health – Blanket Accident/Sickness
 Policy Form AH-12001 et al.

Dear Director:

New Submission. This is a new submission. These policy forms provide Accidental Death and Dismemberment (AD&D) and related ancillary benefits for Business Travel hazards and will be issued to employer group policyholders. All eligible employees will be covered and the entire premium is paid by the Policyholder.

These policy forms are new and do not replace any of the Company's forms currently on file with your office. Marketing will be through licensed agents and brokers.

State-Specific Endorsement. In order to accurately administer this business nationwide, provisions needed to meet your state's requirements are included on the enclosed state-specific endorsement that will be attached to all policies and certificates in your state. (Note: the Policy and Certificate are identical except for the face page.)

Variable Material. Variable material is shown in brackets. An *Explanation of Variable Material* has been included which explains how material in brackets is to be utilized.

Flesch Test. A *Readability Certification* is attached indicating that these forms meet your state's minimum requirements.

Filing Authority. This filing is being made by Plisky Plisky & Co. LLC on behalf of the Company. A letter of filing authorization is attached.

Sincerely,

A handwritten signature in black ink, appearing to read "J. M. Plisky". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

John M. Plisky
Consultant

Starr Indemnity & Liability Company
Blanket Business Travel Insurance

LIST OF FORMS

Policy	AH-12001
Certificate	AH-12001C
Master Application	AH-12003-AR
Policy Renewal Rider	AH-12016
Foreign National Facility of Payment Rider	AH-12013
War Risk Coverage Rider	AH-12014
Arkansas Endorsement	AH-12010-AR

Starr Indemnity & Liability Company
Blanket Business Travel Insurance
Policy Form AH-12001 et al.

EXPLANATION OF VARIABLE MATERIAL

This is a supplement to the submission and provides an explanation as to the use of variable material. Variable material is signified by brackets throughout the forms and allows them to be tailored to the actual plan selected by the policyholder.

Besides self-explanatory items such as the policyholder's name, effective date, there are two types of variable material.

Type A: This is bracketed policy language. These items will be *in-or-out*, which means they will appear as submitted or will be entirely omitted.

Decisions on whether a Type A variable is *in-or-out* will depend on the characteristics of the plan selected by the policyholder.

Type B: These are bracketed numeric items. These are items such as benefit amounts, benefit periods, etc.

The actual numeric range to be used is contained within the brackets.

Decisions as to which numeric values are selected will depend on the characteristics of the plan selected by the policyholder and will never be less than the any minimum amount required by law.

Additional notes on variability are included at the beginning of each section of the policy forms.

STARR INDEMNITY & LIABILITY COMPANY
90 PARK AVENUE
NEW YORK, NEW YORK 10016
(646) 227 - 6300

January 28, 2009

NAIC Company Code: 38318

Re: See Attached Forms Listing

Please accept this letter as authorization from Starr Indemnity & Liability Company (the "Company") for John M. Plisky and John C. Plisky, FSA of Plisky Plisky & Co. LLC of Brielle, New Jersey to file any or all policy forms and rate filings as referenced on the attached form listing on behalf of the Company.

Sincerely,



Honora M. Keane
General Counsel

<i>SERFF Tracking Number:</i>	<i>PLIS-126148548</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Starr Indemnity & Liability Company</i>	<i>State Tracking Number:</i>	<i>42377</i>
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<i>Product Name:</i>	<i>Blanket Business Travel</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Arkansas Endorsement	05/12/2009	AH-12010-AR Endorsement.pdf



Starr Indemnity & Liability Company

Dallas, Texas

Administrative Office: [90 Park Avenue, 7th Floor, New York, NY 10016]

ARKANSAS ENDORSEMENT

This Endorsement is attached to and made a part of Policy Number [12345] issued to [ABC Policyholder] (the Policyholder).

Effective [12/01/09], the Policy and Certificate are hereby amended as follows:

[SECTION 2: DEFINITIONS

If coverage for Dependents is included, the last paragraph of the Definition of "Dependent" is replaced with the following:

The limiting age shall not apply to Your unmarried child who is incapable of self-support due to a mental or physical incapacity. We will require notice of the child's incapacity and dependency. In no event, however, will this requirement preclude eligible Dependents regardless of age. If dependency or incapacity is removed or terminated You must notify Us.]

[SECTION 3: ELIGIBILITY FOR INSURANCE

If coverage for Dependents is included, the following is added:

In the case of minor children under the Insured's charge, care and control for whom the Insured has filed a petition to adopt, coverage will be effective:

1. From the date of birth if the petition for adoption is filed within 60 days of the date of birth; or
2. On the date of the filing of the petition for adoption.

Coverage will be to the same extent as for other covered Dependent Children.]

SECTION 6: DESCRIPTION OF BENEFITS

[The following is added to the beginning of [B. Medical Expense Benefits][and][C. Additional Benefits], if included:

BENEFIT PAYMENTS ARE PAYABLE AT THE APPLICABLE CO-INSURANCE RATE AND ARE SUBJECT TO THE DEDUCTIBLE AND BENEFIT MAXIMUMS STATED ON THE SCHEDULE OF BENEFITS.]

[If Medical Expense Benefits is included, the following will always be included in the list of Covered Medical Expenses:

1. The following outpatient services provided they would be covered if performed on an inpatient basis: laboratory and pathological tests, including machine tests, ordered by the attending Doctor when necessary to and rendered in conjunction with the medical or surgical diagnosis or treatment of a Covered Accident [or Sickness].]

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The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

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COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

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- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

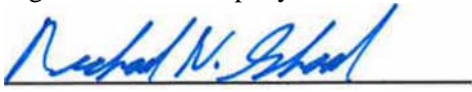
- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution;
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which benefits could be provided out of the assets of the impaired or insolvent insurer.

In all other respects, the Policy and Certificate remain the same.

Signed for the Company:



[Richard N. Shaak], President



[Honora M. Keane], General Counsel